

Date: _____

Invoice No.: _____

REQUEST FOR ATTORNEY FEES

Attorney: _____

Client Name: _____

Address: _____

(If juvenile, use first initial and last name)

Case No.: _____

Phone No.: _____

LegalServer Case: _____

E-mail: _____

Court: _____

Funding Source: State (Prison) State (Habeas) _____ County _____ Muni _____

ATTORNEY FEES REQUESTED:

Capital Case	Non-Capital Case
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Attorney Time: _____ Hours @ \$ _____ rate per hour = _____

Travel Time: _____ hrs. @ \$ _____/hr. = _____

Mileage: _____ Miles @ \$ _____ (GSA Rate) = _____

Other attorney related case expenses (per diem, hotel, postage, etc.)

Total Request: \$ _____

CASE STATUS: As of today, this case is:

Currently Active/Interim billing. Invoice Period: From _____ to _____

-OR-

This is the final bill and (*select one*): the case is closed on LegalServer, the disposition sheet is attached, or other: _____.

***** Supporting Documentation must be included or time must be in LegalServer in order for this request to be processed. *****

I hereby certify that the above and foregoing claim is just and reasonable. That the work performed was necessary in the defense of my client, and that said claim is now due, owing, and unpaid. That if this is not my initial billing in this matter, I have previously billed \$ _____ in fees in the representation of this matter.

Claimant

APPROVAL

To be completed by DIDS

DIDS has reviewed this request and has: approved a total amount of \$ _____; OR

not approved this request: _____.

Reviewed by _____ Date _____

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