

Date: _____

Invoice No.: _____

REQUEST FOR ATTORNEY FEES

Attorney: _____

Client Name: _____

(If juvenile, use first initial and last name)

Address: _____

Case No.: _____

LegalServer Case: _____

Phone No.: _____

Court: _____

E-mail: _____

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

ATTORNEY FEES REQUESTED:

Capital Case

Non-Capital Case

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 Churchill Appointed Counsel Program Administrator

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

not approved this request: _____.

Reviewed by _____ Date _____

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