

REQUEST FOR ATTORNEY FEES

Attorney: _____ Date: _____
Phone No.: _____ Address: _____
E-mail: _____
Client Name: _____ Case No.: _____
(If juvenile, use first initial and last name) LegalServer Case: _____
Court: _____ County: _____

Charge(s):

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

ATTORNEY FEES REQUESTED: [Refer to NRS 7.125 or applicable contract for hourly rate].

Attorney Time: _____ Hours @ \$ _____ rate per hour = \$ _____

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

CASE STATUS: As of today, this case is:

☐ Currently Active/Interim billing. Invoice Period: **From** ____/____/____ **To** ____/____/____

-OR-

The representation was terminated by [select one]:

☐ Conviction, Acquittal/Dismissal, or by Order of Court

☐ Other (provide description): _____

If this is a final bill, ☐ the disposition form is attached or ☐ the case is closed in LegalServer.

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

STATEMENT MADE UNDER OATH

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 received \$ _____ 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 _____