



Request for Attorney FEES POST-CONVICTION HABEAS

Incomplete forms may be returned without approval.

Invoice No: _____

Today's Date: _____

Appointed Attorney: _____

Client Name: _____

Address: _____

Case No(s): _____

Court of Jurisdiction: _____

Email: _____

Is this a Death Penalty case?

Phone: _____

Vendor No.: _____

GENERAL INFORMATION

Invoice period: _____ to _____

Total Requested: \$ _____

Have you previously submitted an invoice for the time, travel, or other expenses claimed herein?

If you answered "yes," explain why you are resubmitting it:

CASE STATUS (Select One)

☐ Currently Active / Interim Billing – **OR** –

☐ A final bill. Representation ended _____.

BILLING STATUS (Select One)

☐ This is my initial invoice in this case – **OR** –

☐ This is not my initial invoice in this case, and I have previously invoiced \$ _____ in attorney fees for representation in this matter.

Does this invoice include time/travel expenses that are shared among one or more indigent clients?

If you answered "yes," list the other post-conviction case number(s)/client name(s) or the LegalServer Case ID(s)/client name(s) (and submit invoices for other cases simultaneously):

Init: _____ ☐ IN ☐ OUT

Request for Attorney FEES - POST-CONVICTION, cont'd

Invoice No: _____ Client Name: _____ Case Nos.: _____

TIME (must be in 0.1-hour increments)

Attorney: _____ hrs.; \$ _____ /hour = \$ _____ Travel: _____ hrs.; \$ _____ /hour = \$ _____
Attorney: _____ hrs.; \$ _____ /hour = \$ _____ Travel: _____ hrs.; \$ _____ /hour = \$ _____

EXPENSES

Mileage: _____ miles; \$ _____ /mi. = \$ _____ Mileage: _____ miles; \$ _____ /mi. = \$ _____

List any other attorney-related case expenses, such as per diem, hotel, postage, etc.

_____ = \$ _____
_____ = \$ _____
_____ = \$ _____
_____ = \$ _____

Total Request (Time and Expenses): \$ _____

STATEMENT MADE UNDER OATH

I hereby certify the following: the information on this form is true and accurate; all claims listed are reasonably necessary; the services provided were for the purposes of indigent post-conviction representation; and none of the time or expenses above were related to private clients.

Appointed Attorney Signature

Date

APPROVAL STATUS

(To be completed by the Department)

The Department has reviewed this request and

☐ denies the request – **OR** –

☐ approves payment in a total amount of \$ _____

Reviewed by _____

Date: _____