

REQUEST FOR ATTORNEY FEES

Attorney: _____

Date: _____

Phone No.: _____

Address: _____

E-mail: _____

Client Name:
(If juvenile, use first initial and last name)

Case No.: _____

Court: _____

County: _____

Funding Source: **State (prison case)**

County

Charge:

ATTORNEY FEES REQUESTED: [Hourly Rate \$150.00 & Refer to NRS 7.125 for Costs].

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]:

of Conviction, Acquittal/Dismissal, by Order of Court

Substitution of Counsel FTA / Bench Warrant Remittitur

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 Churchill Appointed Counsel Program Administrator

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

not approved this request: _____.

Reviewed by _____ Date _____