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Date _____

Check for Final Payment
Check for Interim Payment
Check for Initial Payment
Capital Murder Payment
Appeal

Mailing Address (Street, City, State Zip)

Amount Defendant Ordered to Reimburse

THE COURT MAY APPROVE ADDITIONAL EXPENDITURES UPON GOOD CAUSE SHOWN AND RESERVES THE DISCRETION TO DEVIATE UPWARD OR DOWNWARD IN AWARDING AN ATTORNEY FEE (WHETHER BY THE HOUR OR BY THE TOTAL AWARDED FEE) DEPENDING ON THE TIME AND LABOR REQUIRED, THE COMPLEXITY OF THE CASE, AND THE EXPERIENCE AND ABILITY OF THE APPOINTED COUNSEL.

Date	Docket Call	Description	Hours (round by .1)	Expenses
Total this Page				
Total Subsequent Page				
Grand Total		Certification by Attorney		

On the date submitted, the undersigned Attorney at Law, under penalty of perjury states, to wit that the attorney has competently represented the named defendant and has fully performed the services claimed above, and on all attached Subsequent Hourly Worksheets and/or itemized billing statements which are all incorporated herein by reference. That the attorney has not received and will not receive any money or valuable thing for representing said defendant, unless such payment is disclosed in writing to the Judge before whom this application is pending and that no other request for payment for the described services rendered has been paid.

Total Expenses

The Court finds that the total sum of _____ is reasonable and necessary attorney's fee and ORDERS it paid, OR

The Court **REJECTS** said claim for the following reason(s):

Signature - Judge Presiding

Vendor Number: _____ Accounting Unit: _____ Account _____
Activity: _____ Acct Cat _____

Appointed Counsel Hourly Worksheet - Continued

[illegible]