FIRST DEGREE MURDER PANEL

Cover Sheet for: Attorney Monthly Billing

Case Number: _____ Judge: _____

Defendant _____ Date of Appointment: _____

Number of Co-Defendants _____ Previous Attorney (If Applicable) _____

☐ Spanish Speaker ☐ In custody ☐ Out of custody **DOC case?** ☐ Yes ☐ No

Provide brief factual synopsis of your case: _____

_____

_____

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Attorney:_____ PHONE:_____ FAX: _____

Email: _____

TYPE OF CASE ☐ Non-Death ☐ Death Penalty (DP) ☐ DP Appeal ☐ DP Rule 32

TYPE OF APPOINTMENT ☐ Lead Counsel ☐ Co-Counsel ☐ Witness Representation

DISPOSITION BY: ☐ Trial ☐ COP ☐ Dismissed: ☐ With Prejudice ☐ Without Prejudice

FINAL DISPOSITION (and date): _____

_____

FEES:

Lead Counsel @ $120/hr/capital $_____

Lead Counsel @ $105/hr non-capital $_____

Co-Counsel @ $90/hr/capital $_____

Other Rep. (specify)_____
_____ hours @ 90/hr.

If withdrawing, provide name of new attorney
Withdrawal to: _____

TOTAL FEES **$**_____

EXPENSES (Attach Documentation & Approval)

Travel $_____

Photocopies ($.10/pg) $_____

Telephone $_____

Other (specify) $_____

_____ $_____

_____ $_____

TOTAL EXPENSES: **$**_____

TOTAL FEES AND COSTS: **$**_____

The statements in the above schedule are true. No compensation for the services described has been received. An accurate itemization of the time and expenses is attached.

_____ _____
Attorney Signature Date

(*Include copy of previously submitted detailed billing for OCAC's reference)

For OCAC use only *(Revised 11/08/13)*
Approved: _____Date: _____

☐ Math Checked ☐ Bill is within Guidelines ☐Approval and/or ☐ Receipts are attached