

FIRST DEGREE MURDER PANEL
Cover Sheet for Attorney Monthly Billing

Interim Final

Case Number: _____ Judge: _____

Defendant _____ Date of Appointment: _____

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

Spanish Speaker In custody Out of custody

DID CHARGES ORIGINATE WHILE IN CUSTODY OF DOC? Yes No

Attorney: _____ PHONE: _____ FAX: _____

Email: _____ Interim Bill # (i.e.1,2,3) _____ Amount paid to date: \$ _____

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

TYPE OF APPOINTMENT Lead Counsel Co-Counsel Witness Representation

Provide brief factual synopsis of your case: _____

Have you requested a Settlement Conference? _____ Present Case Status _____

DISPOSITION BY: Trial (# of days _____) COP Dismissed: W/Prejudice W/O Prejudice

FINAL DISPOSITION (and date): _____

FEES: (For cases appointed after March 1, 2014)

EXPENSES (Attach Documentation & Approval)

Lead Counsel @ \$120/hr/capital \$ _____ Travel \$ _____

Lead Counsel @ \$100/hr non-capital \$ _____ Photocopies (\$.10/pg) \$ _____

Co-Counsel @ \$105/hr/capital \$ _____ Telephone \$ _____

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

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

Total Expenses: \$ _____

Total Fees: \$ _____

TOTAL FEES AND EXPENSES: \$ _____

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 07/14/14)

Approved: _____ Date: _____

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