

POST-CONVICTION RELIEF PANEL

Cover Sheet for Attorney Monthly Billing (See Article VII C of Contract)

Final Bill?

Interim Bill # (i.e.1,2,3) _____ Amount Requested to Date: \$ _____
(+/- Emailed Corrections)

Case Number(s): _____ Judge: _____

Defendant: _____ Date of Appointment: _____

Attorney Name: _____ Previous Attorney (If Applicable): _____

Phone: _____ Fax: _____ E-mail: _____

Rule 32 is a result of: Probation Violation Change of Plea Bench Trial Jury Trial # of Days _____

Is this the first Rule 32 filed by defendant? Yes No If no, how many previous Rule 32's? _____

DID CHARGES ORIGINATE WHILE IN CUSTODY OF DOC? Yes No Felony Class / Charge Description: _____

Provide Brief Description of Basis for Rule 32:

Have you provided OCAC with the work estimate per contract Exhibit B: Compensation Schedule item B (for change of plea) or item C (for trial)? _____ Date provided: _____

Rule 32 Result: Petition Dismissed Petition Denied Evidentiary Hearing Granted Results: _____

FEES: (For Cases Appointed AFTER July 1, 2013)

EXPENSES (Attach Documentation & Approval and/or Affidavit)

_____ Hours @ \$85/hr = \$ _____

Telephone: \$ _____

Photocopies: \$ _____

If withdrawing, provide name of new attorney:

New Attorney: _____

Other (specify): _____ \$ _____

TOTAL FEES: \$ _____

TOTAL EXPENSES: \$ _____

TOTAL FEES AND EXPENSES REQUESTED: \$ _____

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

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

For OCAC Use Only (Revised 4/23/15)

Approved: _____ Date: _____

Math Checked Bill Within Amount Approved Necessary Approval and/or Receipts Attached