

**FELONY TRIAL PANEL**  
**Coversheet for Attorney 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   **DOC case?**  

Provide brief factual synopsis of your case: \_\_\_\_\_

\_\_\_\_\_

=====

Attorney: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Felony Class & Charge Description: \_\_\_\_\_

Felony Class & Charge Description: \_\_\_\_\_

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Have you requested a Settlement Conference? \_\_\_\_\_ Present Case Status \_\_\_\_\_

**DISPOSITION BY:**    Trial (# of days \_\_\_\_ )    COP   Dismissed    With Prejudice    Without Prejudice  
 (Re: COP - if not original offer, how does final plea differ from original? Use additional sheet if necessary)

**FINAL DISPOSITION (and date):** \_\_\_\_\_

**FEES:** (for cases appointed after Oct. 1, 2013)  
 Approval)

**EXPENSES** (Attach Documentation &

Trial rep \$90/hr. (attach affidavit of all hrs)   \$ \_\_\_\_\_   Travel   \$ \_\_\_\_\_

Other rep.: (specify) \_\_\_\_\_   \$ \_\_\_\_\_   Photocopies (\$.10/pg)   \$ \_\_\_\_\_  
 \_\_\_\_\_ hours @ \$70/hr

Probation Revocation (Per Admin Order No. 2008-18)   Telephone   \$ \_\_\_\_\_

IA on Petition \$50   **Other (specify)**   \$ \_\_\_\_\_

Non-evidentiary violation hearing \$100   \_\_\_\_\_   \$ \_\_\_\_\_

Disposition hearing \$125   \_\_\_\_\_   \$ \_\_\_\_\_  
 (attach affidavit of all hrs)

If withdrawing, provide name of new attorney:

New Attorney: \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_

**TOTAL FEES**   \$ \_\_\_\_\_   **TOTAL FEES AND COSTS:** \$ \_\_\_\_\_

(\*Include copy of 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 02/21/2014)*

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

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