

POST-CONVICTION RELIEF PANEL
Cover sheet for: Attorney Monthly Billing (See Article VII C of Contract)

Case Number: _____ Judge: _____
 Defendant: _____ Date of Appointment: _____
 ATTORNEY NAME: _____ Previous Attorney (if applicable) _____
 Phone _____ Fax _____ E-mail _____

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 C (for trial)? _____ Date provided: _____

Petition Dismissed Petition Denied Evidentiary Hrg Granted / Results: _____

DOC case? Yes No **Interim Bill Number (i.e. 1, 2, 3)** _____ **Amount paid to date:** _____

Rule 32 as a result of: Change of Plea Bench Trial Jury Trial/Number of days _____

Is this the first Rule 32 filed by defendant? Yes No How many previous Rule 32's? _____

Felony Class/ Charge description _____

FEES: (For cases appointed after July 1, 2013)

\$85/hr @ _____ hrs \$ _____

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

Other rep. (specify): _____
 _____ Hrs. @ \$ _____/hr. \$ _____
 (attach affidavit of all hrs and OCAC approval
 or Court Order)

TOTAL FEES \$ _____

EXPENSES (Attach Documentation & Approval)

Telephone: \$ _____

Other (specify) _____ \$ _____
 Attach affidavit for all expenses that do not have a receipt.

TOTAL EXPENSES: \$ _____

TOTAL FEES AND COSTS REQUESTED: \$ _____

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 02/21/14)

Approved: _____ Date: _____