FELONY TRIAL CONTRACT
Attorney Payment Request

Case Number: _____ Judge: _____

Defendant _____ Date of Appointment: _____

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

==========

Attorney:_____ PAN:_____ PHONE:_____

Address: _____ FAX: _____

Check √ if you received prior payment under Article VII-C.6 for: ☐ Warrant Issued ☐ Dismissal w/o prejudice ☐ Adult Diversion ☐ Remand to Grand Jury

TYPE OF CASE ☐ Group A ☐ Group B

☐ F2 ☐ F5 ☐ Other: _____
☐ F3 ☐ F6
☐ F4 ☐ Prob. Violation

Charges (List most serious charge first)

1. _____
2. _____
3. _____

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

FINAL DISPOSITION (and date): _____

_____

FEES:

Trial rep. BASE FEE ($800/$3000) $_____

Over 20/60 hours: :____ hrs @ $50/60 hr $_____
(attach supporting affidavit of all hours & approval)

Spanish speaking only @ $100 $_____

Withdrawal _____ hrs @ $40/hr (Grp A) / $50/hr (Grp B) $_____
(attach affidavit of all hours)

New Attorney: _____

Other rep.(specify): _____
_____ hrs. @ $50/hr. to $500 $_____
(attach affidavit of all hrs and, if over $500, approval)

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

For OCAC use only (revised 020805)

Approved: _____Date: _____

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