

**INVESTIGATOR / PARALEGAL / MITIGATION SPECIALIST Payment Request
Office of Court Appointed Counsel**

CASE INFORMATION:

Case Number _____ Attorney _____

Defendant _____ Judge _____

Felony Class _____ Group B Group A Other _____

First Degree Murder Death Penalty

BILLING INFORMATION:

Name _____

Address _____

Phone _____ Fax _____ Tax ID _____

	<u>Number of hours</u>		<u>Rate</u>	=	<u>Amount</u>
Investigator	_____	X	<u>\$35.00</u>	=	_____
Paralegal	_____	X	<u>\$25.00</u>	=	_____
Mitigation	_____	X	<u>\$60.00</u>	=	_____
Travel (miles)	_____	X	<u>\$00.445</u>	=	_____
			(or current rate)		
Expenses (office copies @ \$.10/ea)	_____			=	_____
				=	_____
		Total Claim		=	_____

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.

Contractor Signature

Date

Attorney Signature

Date

For OCAC use only (Revised 02/08/05)

Approved: _____

Date _____

Math Checked Bill is within Guidelines Necessary Approval and/or Receipts Attached

Case is ongoing Case is closed Disposition: _____ Date: _____