

**FELONY TRIAL PANEL  
Coversheet for Attorney Billing**

Final Bill?

Case Number(s): \_\_\_\_\_ Judge: \_\_\_\_\_

Defendant: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

Number of Co-Defendants: \_\_\_\_\_ Previous Attorney (If Applicable): \_\_\_\_\_

Spanish Speaker  In Custody  Out Of Custody

DID CHARGES ORIGINIATE WHILE IN CUSTODY OF DOC? Yes  No

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

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

Provide Brief Summary of Case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 & DATE:** \_\_\_\_\_

**FEES:** (For Cases Appointed AFTER Oct. 1, 2013)

**EXPENSES** (Attach Documentation & Approval)

Trial Representation \$90/hr. (Attach Hours Affidavit)

Travel: \$ \_\_\_\_\_

\_\_\_\_\_ Hours @ 90/hr = \$ \_\_\_\_\_

Photocopies (\$.10/page): \$ \_\_\_\_\_

Other Representation (specify): \_\_\_\_\_

Telephone: \$ \_\_\_\_\_

\_\_\_\_\_ Hours @ \$70/hr = \$ \_\_\_\_\_

Other (specify): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Probation Revocation (Per Admin Order No. 2008-18)

\_\_\_\_\_ \$ \_\_\_\_\_

IA on Petition \$50

Non-evidentiary Violation Hearing \$100

Disposition Hearing \$125

(Attach Hours Affidavit)

**Total Expenses:** \$ \_\_\_\_\_

**Total Fees:** \$ \_\_\_\_\_

**TOTAL FEES & EXPENSES:** \$ \_\_\_\_\_

If withdrawing, provide name of new attorney:

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

**(\*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 Guidelines  Approval and/or  Receipts Attached