

FIRST DEGREE MURDER PANEL

Cover Sheet for Attorney Monthly Billing

Final Bill?

Case Number: _____ Judge: _____

Defendant: _____ Date of Appointment: _____

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

Spanish Speaker In Custody Out of Custody

DID CHARGES ORIGINATE WHILE IN CUSTODY OF DOC? Yes No

Attorney: _____ PHONE: _____ FAX: _____

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

TYPE OF CASE: Non-Death Death Penalty (DP) DP Appeal DP Rule 32

TYPE OF APPOINTMENT: Lead Counsel Co-Counsel Witness Representation

Provide Brief Summary of Case: _____

Have you requested a Settlement Conference? _____ Present Case Status: _____

DISPOSITION BY: Trial (# of days _____) COP Dismissed: W/Prejudice W/O Prejudice

FINAL DISPOSITION & DATE: _____

FEES: (For Cases Appointed AFTER March 1, 2014)

EXPENSES (Attach Documentation & Approval)

Lead Counsel @ \$120/hr Capital \$ _____

Travel: \$ _____

Lead Counsel @ \$100/hr Non-Capital \$ _____

Photocopies (\$.10/pg): \$ _____

Co-Counsel @ \$105/hr Capital \$ _____

Telephone: \$ _____

Other Representation (specify): _____

Other (specify): \$ _____

_____ Hours @ 90/hr \$ _____

_____ \$ _____

If withdrawing, provide name of new attorney

_____ \$ _____

New Attorney: _____

_____ \$ _____

Total Expenses: \$ _____

Total Fees: \$ _____ **TOTAL FEES AND EXPENSES:** \$ _____

(*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