

**MISDEMEANOR Panel
Coversheet for Billing**

Case Number: _____ Judge: _____
Defendant: _____ Date of Appointment: _____
Name: _____ Previous Attorney (if Applicable) _____
Address: _____ Email: _____
Phone _____ Fax _____ City: _____ State _____ Zip: _____

Provide brief factual synopsis of your case: _____

Charges (List most serious charge) _____
Disposition: _____ Date: _____

<u>FLAT FEES:</u>		<u>HOURLY WITH CAP</u> (Attach hours and/or approval)	
Change of Plea (\$350 – Up to 6 hours))	\$ _____	Warrant at or before PTC	\$ _____
Dismissal with Prejudice (\$350)	\$ _____	(____ Hrs @ \$60/hr up to \$250)	
Bench Trial (\$500 – Up to 8 hours)	\$ _____	Warrant after PTC	\$ _____
Jury Trial (\$750 – Up to 12 hours)	\$ _____	(____ Hrs @ \$60/hr up to \$350)	
(2 nd day ____ Hrs @ \$60/hr)	\$ _____	<u>DISMISSAL WITHOUT PREJUDICE (ONLY)</u>	
Appeal (\$500)	\$ _____	(____ Hrs @ \$60/hr up to \$250)	
Appeal (If dismissed w/brief filed: ____ Hrs	\$ _____	<i>At or before PTC</i> \$ _____	
@\$50/hr up to \$250) (attach affidavit of all hours)		(____ Hrs @ \$60/hr up to \$350)	
Spanish speaking only @ \$150	\$ _____	<i>After PTC</i> \$ _____	
(*hourly billing on Spanish speaking cases is \$70)		Probation Revocation	\$ _____
Other rep: _____	\$ _____	(____ Hrs @ \$60/hr up to \$250)	
(Specify: i.e. DV Review Hrg / copies)		Withdrawal (____ Hrs @ 50/hr	\$ _____
(Attach affidavit of all hrs and court order)		up to \$100)	
		TOTAL FEES	\$ _____

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 02/21/14)
Approved: _____ Date: _____