

**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>\$00.405</u>	=	_____
			(or current rate)		
Expenses (office copies @ \$.10/ea)	_____			=	_____
				=	_____
		<b>Total Claim</b>		=	_____

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: \_\_\_\_\_