

TITLE 36 MENTAL HEALTH CONTRACT
Attorney Payment Request

MH Number: _____

Judge: _____

Client: _____

Date of Appointment: _____

Name: _____ Pima Attorney No: _____

Address: _____

City: _____ State _____ Zip: _____

Phone _____ Fax _____

F E E S

BASE FEE (regular assignment) (\$125) \$ _____

Judicial Review (no hearing) @ \$62.50 \$ _____

Judicial Review (w/hearing) \$125 \$ _____

ASH Hearing _____ hrs @ \$50/hr \$ _____
(Not to exceed \$150 / attach affidavit of all hours)

Other rep.(specify): _____
_____ hrs. @ \$50/hr. to \$500 \$ _____

(attach affidavit of all hours and OCAC or court approval if over \$500)

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 02/08/05

Approved: _____ Date: _____

