FIRST DEGREE MURDER CONTRACT
Attorney Payment Request

Case Number: _____ Judge: _____

Defendant _____ Date of Appointment: _____

☐ Spanish Speaker ☐ In custody ☐ Out of custody **DOC case?** ☐ Yes ☐ No

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Attorney:_____ PAN:_____ PHONE:_____

Address: _____ FAX: _____

TYPE OF CASE ☐ Non-Death ☐ Death Penalty ☐ SVP ☐ DP Appeal ☐ DP Rule 32

TYPE OF APPOINTMENT ☐ Lead Counsel ☐ Co-Counsel ☐ Witness Representation

DISPOSITION BY: ☐ Trial ☐ COP ☐ Dismissed: ☐ With Prejudice ☐ Without Prejudice

FINAL DISPOSITION (and date): _____

_____

FEES:

Lead Counsel @ $75/hr	$_____
Co-Counsel @ $60/hr	$_____
Other Rep (attach court order Specifying rate)	**$**_____
Withdrawal to: _____ (new attorney)	$_____
TOTAL FEES	**$**_____

EXPENSES (Attach Documentation & Approval)

Travel	**$**_____
Photocopies ($.10/pg)	$_____
Telephone	$_____
Other (specify)	**$**_____
_____	**$**_____
_____	**$**_____
TOTAL EXPENSES:	**$**_____
TOTAL FEES AND COSTS:	**$**_____

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: _____

☐ Math Checked ☐ Bill is within Guidelines ☐Approval and/or ☐ Receipts are attached