

ATTORNEY FEES EXPENSE CLAIM FORM
Jack/Wise County District and County Courts

Defendant _____ Attorney _____

CAUSE NUMBER	CHARGE	Check How Disposed					Date Notified Of Appointment	Date First Contacted Defendant	Date Disposed
		Plea	TBC	JT	Dism	Appl			

Elect to be paid on a fixed or hourly basis below. For agreed pleas you will be paid on a fixed fee basis unless you submitted a completed claim form at the time of the plea.

FELONY FIXED FEE

One payment is made for each defendant regardless of the number of cases disposed. You may use the case which yields the greatest payment. For example, if a defendant has three cases, and one is disposed of by a 3-day jury trial and the other two dismissed, the reimbursement would be (6, 1/2 days at \$400 = \$2400) but, you would not add an additional \$400 for the two dismissals. For appeals attach a copy of the brief(s) filed.

Type of Disp.		Fixed Fee	Amount Claimed	Amt. Approved
Dismissal		\$200		
1 st & 2 nd Degree Plea*		\$600		
All other Pleas		\$500		
Trial	Number of 1/2 days in court _____ x \$400			
Appeal		\$1200		

* Originally Charged Plea

FELONY HOURLY FEE

Attach a detailed explanation of services performed including the date performed, the time spent on each activity, and a designation of in court or out of court time. For appeals attach a copy brief(s) filed.

Type of Time	Requested Hours	Request Rate	Requested Amount	Approved Hours	Approved Rate	Approved Amount
1 st & 2 nd Degree Plea (\$125)						
All other Pleas (\$115)						
Total						

* Originally Charged Plea

MISDEMEANOR FIXED FEE

Type of Disp.		Fixed Fee	Amount Claimed	Amt. Approved
Dismissal		\$175		
Plea		\$275		
Multiple Pleas	(Same Defendant-Same Day)	\$300		
Complex Plea *		\$350		
Trial Jury or Bench	Number of 1/2 days in court _____ x \$250 Maximum of \$1,000			
Revocations (contested)		\$275		
Revocations (uncontested)		\$175		

*Complex misdemeanor plea (involving complex issues, lengthy pre-trial, extensive records review/investigation of facts)

JUVENILE FIXED FEE

Type of Disp.		Fixed Fee	Amount Claimed	Amt. Approved
Detention Hearing		\$150		
Uncontested Adj/Disp		\$350		
Contested Adj/Disp		\$500		
Uncontested Modification		\$200		
Contested Modification		\$300		

MENTAL HEALTH FIXED FEE

Type of Disp.		Fixed Fee	Amount Claimed	Amt. Approved
OPC Hearing		\$175		
Mental Temp/Final (Uncontested)		\$275		
Mental Temp/Final (Contested - Jury/Bench)	Number of 1/2 days in court _____ x \$250 Maximum of \$1,000			

Date Submitted _____ Attorney Signature _____

Signature of Presiding Judge _____