

# APPOINTED COUNSEL CLAIM FORM

Please allow 3 weeks for processing  
**Incomplete vouchers may be returned**

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Per 105-9-1, all claims for services shall be submitted no later than 60 days after the resolution of the current service. This includes expert services.

<p><b>FEIN/SSN</b> No Dashes _____ Elec Deposit PI <input type="checkbox"/></p> <p>Firm _____</p> <p>Attorney _____</p> <p>Mailing Address _____</p> <p>City _____ KS Zip _____</p> <p>Phone _____ Fax _____</p> <p>Contract Case <input type="checkbox"/> Changes to: Name, Address, FEIN/SSN <input type="checkbox"/></p>	<h2 style="margin: 0;">COWLEY COUNTY CLAIM FORM</h2>																								
<p>District Court Case No. _____ Appellate Case No. _____</p> <p>Name of Indigent Person _____</p> <p>AKA _____</p> <p>SSN of Indigent XXX-XX-_____</p> <p>County Cowley, Sitting in Winfield</p>	<p>Payee No. _____ Open Date _____</p> <p>Offense Code _____ Close Date _____</p> <p><b>Did the judge order the defendant to repay the following:</b></p> <p>Application Fee: KSA 22-4529 \$100.00 Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Attorney Fees &amp; Expense Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p style="text-align: center;"><b>Current Case Info (Check one)</b></p> <p>Civil/60-1507/Habeas Corpus 1 <input type="checkbox"/></p> <p>Criminal/Traffic Felony 2 <input type="checkbox"/></p> <p>PV/Probation/Post Sentencing 3 <input type="checkbox"/></p> <p>Appeals – Civil/Criminal 4 <input type="checkbox"/></p> <p style="text-align: center;"><b>Disposition of Original Case (Check one)</b></p> <p>Non tried / Pled / Diversion 1 <input type="checkbox"/></p> <p>Jury / Bench Trial (specify) 2 <input type="checkbox"/></p> <p>Dismissed 3 <input type="checkbox"/></p> <p>FTA/Bond Forfeiture/Warrant 4 <input type="checkbox"/></p> <p>Attorney withdrew 5 <input type="checkbox"/></p> <p>Defendant retained counsel 6 <input type="checkbox"/></p>																								
<p>Name of highest original felony charge or nature of current services _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Highest felony statute (list one)</th> <th style="width: 40%;">Severity Lvl - highest felony charged (00, 1-10 U)</th> <th style="width: 40%;">Total number of misdemeanor charges</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Highest felony statute (list one)	Severity Lvl - highest felony charged (00, 1-10 U)	Total number of misdemeanor charges				<p>Check "E" if exceptional claim – Attach exceptional order signed by judge. Order should list elements that establish the case as exceptional. All exceptional claims are subject to approval by the Board <input type="checkbox"/> <b>E</b></p> <p style="text-align: right;"><b>Sentenced As:</b> Felony <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/></p> <p style="text-align: center;">Effective July 1, 2006, the hourly reimbursement rate increased to \$80 per hour</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Tenths/Hrs</th> <th style="width: 30%;">\$ Amount</th> </tr> </thead> <tbody> <tr> <td>Total Preparation Time * _____ hrs @ 100/hr = _____</td> <td>_____</td> </tr> <tr> <td>Total In Court Time * _____ hrs @ 100/hr = _____</td> <td>_____</td> </tr> <tr> <td>Total Out of County Travel Time * _____ hrs @ 100/hr = _____</td> <td>_____</td> </tr> <tr> <td colspan="2">Reimbursable Mileage Summary (itemized per day on Timesheet)</td> </tr> <tr> <td>Total whole miles @ State rate of \$0.50 _____</td> <td>_____</td> </tr> <tr> <td>Total whole miles @ State rate of \$0.55 _____</td> <td>_____</td> </tr> <tr> <td colspan="2">Other Reimbursable Expenses Summary (itemized/day on timesheet; attach receipts) _____</td> </tr> <tr> <td colspan="2">Less Amount Collected from Defendant or Others _____</td> </tr> </tbody> </table>	Tenths/Hrs	\$ Amount	Total Preparation Time * _____ hrs @ 100/hr = _____	_____	Total In Court Time * _____ hrs @ 100/hr = _____	_____	Total Out of County Travel Time * _____ hrs @ 100/hr = _____	_____	Reimbursable Mileage Summary (itemized per day on Timesheet)		Total whole miles @ State rate of \$0.50 _____	_____	Total whole miles @ State rate of \$0.55 _____	_____	Other Reimbursable Expenses Summary (itemized/day on timesheet; attach receipts) _____		Less Amount Collected from Defendant or Others _____	
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<h3 style="margin: 0;">GRAND TOTAL</h3>																									
<p>I hereby certify the above charges to be just correct, unpaid and due by law.</p>	<p>Timesheet reviewed and approved: the above named person has been determined to be indigent in accordance with KSA 22-4501 and was entitled to counsel</p>	<p>Agency use only</p>																							
<p>Original Signature of Claimant/Date</p>	<p>Original Signature of District Judge/Date</p>	<p>Audited/Approved</p>																							