APPOINTED COUNSEL CLAIM FORM

Please allow 3 weeks for processing
Incomplete vouchers may be returned

For payment inquiries, forms, instructions and full regulations see our website at: **http://www.sbids.org**

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.

FEIN/SSN No Dashes _____ Elec Deposit PI ☐

Firm _____

Attorney _____

Mailing Address _____

City _____ KS Zip _____

Phone _____ Fax _____

Contract Case ☐ Changes to: Name, Address, FEIN/SSN ☐

COWLEY COUNTY CLAIM FORM

Payee No. _____ Open Date _____

Offense Code _____ Close Date _____

District Court Case No. _____ Appellate Case No. _____

Name of Indigent Person _____

AKA _____

SSN of Indigent XXX-XX-

County Cowley, Sitting in Winfield

Did the judge order the defendant to repay the following:

Application Fee: KSA 22-4529	$100.00	Yes / No
Attorney Fees & Expense		Yes / No

Current Case Info (Check one)

Civil/60-1507/Habeas Corpus	1
Criminal/Traffic Felony	2
PV/Probation/Post Sentencing	3
Appeals – Civil/Criminal	4

Disposition of **Original** Case (Check one)

Non tried / Pled / Diversion	1
Jury / Bench Trial (specify)	2
Dismissed	3
FTA/Bond Forfeiture/Warrant	4
Attorney withdrew	5
Defendant retained counsel	6

Name of highest original felony charge or nature of current services

Highest felony statute (list one)	Severity Lvl - highest felony charged (00, 1-10 U)	Total number of misdemeanor charges

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 ☐ **E**

Sentenced As: Felony ☐ Misdemeanor ☒

Effective July 1, 2006, the hourly reimbursement rate increased to $80 per hour				Tenths/Hrs	$ Amount
Total Preparation Time *	_____ hrs @ 80/hr =				
Total In Court Time *	_____ hrs @ 80/hr =				
Total Out of County Travel Time *	_____ hrs @ 80/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					

*The timesheet must specify the nature of the activity, nature of court appearance, and itemize travel time and other reimbursable expenses per day.

GRAND TOTAL

I hereby certify the above charges to be just correct, unpaid and due by law.	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	Agency use only
Original Signature of Claimant/Date	Original Signature of District Judge/Date	Audited/Approved

Revised 06/02/06