

1. CASE NO.	2. PERSON REPRESENTED	
3. ATTORNEY'S NAME, First Name, M.I., Last Name, including any suffix, and MAILING ADDRESS <i>(List all attorneys if more than one is appointed.)</i> Telephone Number: _____ E-mail Address: _____	4. COURT ORDER APPOINTING COUNSEL Because the above-named person represented has satisfied this Court that he or she is financially unable to employ counsel and that (1) exceptional circumstances justify the appointment of counsel, or (2) he or she has diligently attempted to obtain counsel and the merits of the case justify appointment, the attorney (or attorneys, if more than one is appointed) whose name appears in item 3 is appointed to represent the person in this case. _____ Signature of Presiding Judge _____ Date of Order	
CLAIM FOR FEES AND EXPENSES		
DATE OF CASE COMPLETION	APPOINTMENT TERMINATION DATE <i>(Only if different from Case Completion Date)</i>	
CATEGORIES <i>(An itemized statement and receipts must be attached.)</i>	AMOUNT	
Fees <i>(Fees must not exceed \$1,000 per case.)</i>	\$ _____	
Depositions and Transcripts	\$ _____	
Investigative or Expert Services <i>(Prior court approval is required. State the date approval was given: _____)</i>	\$ _____	
Travel Expenses	\$ _____	
Fees for Service of Process	\$ _____	
Interpreter Services	\$ _____	
Photocopying, Telephone Calls, Other	\$ _____	
TOTAL AMOUNT CLAIMED:	\$ _____	
I certify that the above fees and expenses were incurred in the preparation and presentation of this case. These fees and expenses do not include any fees or expenses, either waived or recoverable, under any provisions of law or under any other plan. Additionally, no fees and/or expenses were awarded under a judgment in a suit before this Court. Signature of Attorney(s) _____ Date _____		
APPROVED FOR PAYMENT - COURT USE ONLY		
SIGNATURE OF PRESIDING JUDGE	DATE	TOTAL AMOUNT APPROVED
SIGNATURE OF CHAIRPERSON, NON-APPROPRIATED FUND COMMITTEE	DATE	TOTAL AMOUNT APPROVED