

EXTRAORDINARY FEE REQUEST APPOINTED ATTORNEY

Case Number(s)	Attorney/Guardian Ad Litem
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Name of Co-Counsel if Capital Offense Case	Client Name
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ITEMIZED FEE STATEMENT-REQUESTING PAYMENT FOR EXTRAORDINARY SERVICES

I hereby certify that the following time was expended in representation of the defendant party represented.

Report time in tenth of an hour increments (6 minutes).

Date of Service	Out-of Court Total	In-Court		Explanation of why services were extraordinary	Daily Total
		Pretrial Hearings	All Other in-Court		

Total This Page					
Total Additional Pages					
GRAND TOTAL					