

INSTRUCTIONS:

Type and submit in duplicate to the clerk of court. Both copies must be signed by the attorney and judge. The Clerk shall retain one copy for its files and shall forward the original to the Administrative Office of the Courts, Suite 600, Nashville City Center, Nashville, Tennessee 37243-0607.

CLAIM FOR ATTORNEY FEES

STATE OF TENNESSEE

COUNTY OF _____

Docket No.: _____

NAME OF CLIENT: _____

1. _____ in violation of TCA Section _____
Original Offense

2. Type of case:

- | | | |
|---|---|---|
| <input type="checkbox"/> Felony | <input type="checkbox"/> Probation Revocation | <input type="checkbox"/> First Degree Murder |
| <input type="checkbox"/> Misdemeanor | <input type="checkbox"/> Termination of Parental Rights | Did the DA file a notice of intent to seek the death penalty? |
| <input type="checkbox"/> Petition for Early Release | <input type="checkbox"/> Dependent Neglect | <input type="checkbox"/> yes |
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Contempt | <input type="checkbox"/> no |
| <input type="checkbox"/> Post Conviction | <input type="checkbox"/> Other: _____ | If notice was withdrawn give date _____ |

3. Date of disposition: _____ Date of last activity in relation to the case _____

4. Manner of disposition: Plea of guilty Nolle Prosequi Trial by Jury Trial by Judge.

| ACTIVITY On the back of this form, itemize in-court and out-of court hours spent working on this case. Itemize any out-of-pocket expense. Itemize any other approved expenses & attach to this claim a certified copy of the court's prior approval of such expense. Attach copy of court order of appointment. | (A) IN-COURT HOURS (Tenths) | (B) OUT-OF COURT HOURS (Tenths) | (C) NECESSARY EXPENSES |
|--|---|---|---------------------------------------|
| TOTALS | | | |

I certify that the foregoing represents an accurate, complete statement of time and expenses in connection with the above action or proceedings.

Enter FULL Name and Complete Address Here

Attorney: _____

Address: _____

Signature of Attorney

City: _____ State: _____ Zip _____

Soc. Sec. No.: _____

TO BE COMPLETED BY JUDGE

- | | |
|---|--|
| (A) _____ Total Approved In-Court Hours @ \$50 Per Hour..... | |
| (In capital cases, lead counsel @ \$100 Per Hour; co-counsel @ \$80 Per Hour) | |
| (In capital post - conviction cases @ \$80 Per Hour) | |
| (B) _____ Total Approved Out-of-Court Hours @ \$40 Per Hour..... | |
| (In capital cases, lead counsel @ \$75 Per Hour; co-counsel @ \$60 Per Hour) | |
| (In capital post - conviction cases @ \$60 Per Hour) | |
| (C) Total Approved Necessary Expenses | |
| TOTALS..... | |

Subject to the provisions of T.C.A. § 40-14-207, the Court finds this to be reasonable compensation for work done in the above-style appeal.

This the _____ day of _____, _____

Signature of Judge

**TO BE COMPLETED BY
ADMINISTRATIVE OFFICE OF THE COURTS**

TOTAL AUTHORIZED PAYMENT.....

