Print

Case Number _____ **Attorney/GAL** _____

If Capital Offense Case, List Co-Counsel's Name Here: _____

ITEMIZED FEE STATEMENT

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

Date of Service	Out-of-Court Total	IN-COURT			Daily Total
		Pre-Trial Hearings	All Other In-Court	In-Court Total	

Date of Service	Out-of-Court Total	IN-COURT			Daily Total
		Pre-Trial Hearings	All Other In-Court	In-Court Total	
Grand Total					

Continue at top of next column.

I hereby certify that the following expenses were incurred:

Use the following categories for Type: (1) Experts (2) Postage/Phone (3) Records/Reports (4) Transcripts (5) Travel (6) Other

TYPE	PAYEE	AMOUNT
	TOTAL	

Clearly identify each expense and include a receipt for any expense over $1.00. See Section (P)(1)(c) for privileged information.

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