

Attorney Instructions - INFORMATION REGARDING BILLING

For payment inquiries, full regulations, CLE information and agency forms – see our website (www.sbids.org).

This form is to be used for payment for **felony** defense only. Be sure to attach your time sheet and any receipts.

Claims shall be submitted to the board for payment not later than 60 days after termination of services. (K.A.R. 105-9-1 (a)).

Claims are to be submitted after services are terminated, i.e. sentencing, dismissal of charges, diversion, withdrawal, acquittal or failure to appear.

In general, please allow three weeks for processing. Claims that were submitted on the same day may not be processed in the same time frame. Vouchers that total >\$2,000 are held for additional review by the State of Kansas, Department of Administration, Accounts and Reports. Some claims may be held pending resolution to additional agency audit procedures.

Electronic deposit is a manually input option. There may be occasion when this is omitted in the payment process.

Time can be split between multiple case numbers for the same defendant, but should be billed on separate vouchers. Bill only one felony case number per voucher. Separate claims are to be submitted for each post-sentencing service.

No compensation shall be made for secretarial time including but not limited to opening files, calendaring, copying, faxing and preparing claim forms.

PAYEE NUMBER – is a 5-digit agency assigned number that is specific to the attorney.

FEIN/SSN - Please list your federal employer identification number or your social security. The number you list is the number that your income taxes are filed under. The W-2 you receive in January will be listed under whatever number you put on the claim form. We will not change this number, so please be sure it is accurate.

NAME - The name of the attorney assigned to the case. **FIRM** - The name of the firm the attorney is employed by.

MAILING ADDRESS - This is the address where all checks and your W-2 should be mailed. If your mail goes to a PO Box, please be sure to list that address. If your address changes, please check the appropriate box at the bottom of the “Payee Information” block. Checks are mailed out directly by the Dept of Administration and if we do not have the correct address, your check will be mailed to the wrong address.

DAYTIME PHONE - We need a phone number where we can reach someone regarding the claim. If a question can be answered by phone, we will call. Otherwise, we will return your voucher to you, which will delay your reimbursement.

OPEN/CLOSE DATES - Please record the beginning and ending dates from your timesheet for this particular service.

All other boxes on the claim form are self-explanatory. Please be sure to fill in all boxes. **If information is missing from voucher or time sheet, we will return your claim form unprocessed.**

Tips on Completing Your Claim Form and timesheet

Do not fax claims. Vouchers should be submitted with original signature of attorney and judge. **Staple** timesheet and receipts to behind voucher. Also include a copy of the order appointing counsel with voucher

List each timesheet entry on your timesheet in tenths of hours (K.A.R. 105-9-3 (d)). Example: Should read 1.2 not 1.25. We round down.

Specify nature of court appearance on time sheet (K.A.R. 105-9-3 (c)). Denote preparation time from court time and also specify final status of case on both the timesheet and claim form.

Separate out travel time separately from preparation time and in-court time on the line provided on voucher. Please itemize your mileage and travel per day on your time sheet. We reimburse mileage at the state rate that was in effect at the time of travel.

We will pay all claims up to the reasonable levels of compensation. If your claim falls within the guidelines for an exceptional case and as been deemed so by the judge, the claim will be further reviewed by B.I.D.S. to determine appropriate reimbursement. Please be sure that your order meets the requirements listed in the K.A.R.s - listing all elements specific to your case that establish the claim as exceptional. For exceptional appeals, please submit a copy of the brief. All claims in excess of \$5,000 will have the balance reviewed by the Board at the quarterly meetings.

Experts must be paid by B.I.D.S. directly for their services. An expert voucher claim form, order and invoice are required. There may be an occasion when an expert requires immediate payment and we must reimburse the attorney for these services. **In this event, an order for expert services and a billing from the expert are required when submitting the attorney voucher claim form and supporting documents.** For further instructions, please refer to the instructions for the "Order for Expert Services" on our website.

RECEIPTS - Receipts must be sent with the claim form in order to be reimbursed. Cumulative telephone calls and faxes totaling more than \$10.00 must have a copy of the phone bill or a receipt from the vendor with the calls to be reimbursed highlighted. Photocopies done in house will be paid at a rate of .10 cents per copy, please itemize **number of copies** on your time sheet. **If an outside copier is used, please attach the receipt.** Cumulative postage will be reimbursed up to \$10.00 without a receipt anything above this amount will require a receipt.

Please be sure to tell us if the defendant was ordered by the judge to repay attorney fees and expenses and specify the amount. Also specify if the judge ordered payment of the \$100 application fee.

REASONABLE LEVELS OF COMPENSATION K.A.R. 105-5-3, 105-5-6, 105-5-7 AS AMENDED 06/02/06

II. Nontried Felony Cases

*\$1,500 Off Grid

*\$1,240 Non-drug offenses of severity level 1-5

Drug offenses with 6 or more hours in court

* \$930 Non-drug offenses of severity level 6-10

Drug offenses with less than 6 hours in court

III. OTHER

* \$620 Habeas Corpus/
60- 1507/Civil Cases

* \$248 Probation revocation; representation of indigent material witness or indigent grand jury witness; motions to modify sentence pursuant to K.S.A. 21-4603

* \$1,240 Appeals

I. Tried Felony Cases

*\$1,860 Non-drug offenses of severity level 5-10

*\$2,480 Non -drug offenses of severity level 4

Drug offenses of severity level 2-4

*\$6,200 Non-drug offenses of severity level 1-3

Drug offenses of severity level 1

*\$7,000 Off Grid

* **These REASONABLE LEVELS OF COMPENSATION MAY BE EXCEEDED PER K.A.R. 105-5-8. See paragraphs (4) and (b).**

THE REASONABLE LEVELS OF COMPENSATION ARE NOT THE SAME AS THE REIMBURSEMENT TABLES WHICH ARE USED FOR DEFENDANT REPAYMENT.

IV. SBIDS POLICY STATEMENT

The following maximum amounts of time allowed for the following services will go into effect on vouchers received July 1, 1993, and after.

ACTIVITY MAXIMUM TIME ALLOWED

Trial Setting	.5 Hour
Arraignment	.5 Hour
Bond Reduction	.5 Hour
First Appearance	.5 Hour
Continuance	.5 Hour
Docket Call	.5 Hour
Prelim Waiver	.5 Hour
(Waiting for Verdict 1.0 Hour)	
(Rescinded 12/96)	

NO COMPENSATION SHALL BE MADE FOR CLERICAL TIME INCLUDING BUT NOT LIMITED TO OPENING FILES, CALENDARING, COPYING DOCUMENTS AND PREPARING VOUCHERS.