

CONTRACT APPELLATE COUNSEL CLAIM FORM

FEIN/SSN _____ Firm _____ Attorney _____ KS Bar # _____ Address _____ City, State, Zip _____ County _____ E-Mail _____ Phone _____ Fax _____ <input type="checkbox"/> Contract Case <input type="checkbox"/> Changes to: Name, Address, FEIN/SSN	<p style="text-align: center;">Mail original claim form WITH timesheet to:</p> <p style="text-align: center;">Board of Indigents' Defense Services 700 SW Jackson St, Ste 500 Topeka, KS 66603-3758 Phone: (785) 296-6631 Fax: (785) 291-3082</p> Payee No. _____ Open Date _____ Offense Code (BIDS Use Only) _____ Service End Date _____																
District Court Case No. _____ Appellate Case No. _____ Name of Indigent Person _____ AKA _____ County _____ Nature of current services _____	<p style="text-align: center;">Did the judge order the defendant to repay the following:</p> Application Fee: K.S.A. 22-4529 \$100.00 <input type="checkbox"/> Yes <input type="checkbox"/> No Attorney Fees & Expenses \$ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Highest felony statute (list one)</td> <td style="width: 33%;">Severity Level - highest felony charged (OG, L1-L10, D1-D5) and whether it is "person" or "non-person"</td> <td style="width: 33%;">Total number of felonies charged</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Highest felony statute (list one)	Severity Level - highest felony charged (OG, L1-L10, D1-D5) and whether it is "person" or "non-person"	Total number of felonies charged	_____	_____	_____	<p style="text-align: center;">Current Case Info (Check one)</p> <input type="checkbox"/> Criminal/Traffic Felony <input type="checkbox"/> Civil-1507/Habeas <input type="checkbox"/> Probation Violation/ Diversion Revocation <input type="checkbox"/> Direct Appeal <input type="checkbox"/> Material witness; grand jury witness <input type="checkbox"/> Petition for Review										
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_____	_____	_____															
Check "E" if exceptional claim - Attach exceptional order assigned by judge. Order should list K.A.R. 105-5-9 reasons the case as exceptional. All exceptional claims are subject to approval by the Board <input type="checkbox"/> E	Original Case Sentenced As: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">July 1, 2019 to June 30, 2021</th> <th style="width: 25%;">July 1, 2021 to June 30, 2022</th> <th style="width: 25%;">July 1, 2022 to Present</th> <th style="width: 25%;"></th> </tr> <tr> <td>Total Preparation Time _____ hrs @ \$80/hr = _____</td> <td>_____ hrs @ \$100/hr = _____</td> <td>_____ hrs @ \$120/hr = _____</td> <td>_____</td> </tr> <tr> <td>Total in Court Time _____ hrs @ \$80/hr = _____</td> <td>_____ hrs @ \$100/hr = _____</td> <td>_____ hrs @ \$120/hr = _____</td> <td>_____</td> </tr> <tr> <td>Total Out of County Travel Time* _____ hrs @ \$80/hr = _____</td> <td>_____ hrs @ \$100/hr = _____</td> <td>_____ hrs @ \$120/hr = _____</td> <td>_____</td> </tr> </table>	July 1, 2019 to June 30, 2021	July 1, 2021 to June 30, 2022	July 1, 2022 to Present		Total Preparation Time _____ hrs @ \$80/hr = _____	_____ hrs @ \$100/hr = _____	_____ hrs @ \$120/hr = _____	_____	Total in Court Time _____ hrs @ \$80/hr = _____	_____ hrs @ \$100/hr = _____	_____ hrs @ \$120/hr = _____	_____	Total Out of County Travel Time* _____ hrs @ \$80/hr = _____	_____ hrs @ \$100/hr = _____	_____ hrs @ \$120/hr = _____	_____	Contract Amount _____ Mileage Total _____
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<p>Reimbursable Mileage Summary (itemized per day on time sheet)</p> _____ Total whole miles@ state rate of \$0.58 (07/01/2019 - 12/31/2019) _____ _____ Total whole miles @ state rate of \$0.575 (01/01/2020 - 12/31/2020) _____ _____ Total whole miles @ state rate of \$0.56 (01/01/2021 - 06/30/2022) _____ _____ Total whole miles @ state rate of \$0.585 (07/01/2022 - 06/30/2023) _____ _____ Total whole miles@ state rate of \$0.655 (07/01/2023 - Present) _____	<p style="text-align: center;">Other Reimbursable Expenses Summary (itemized/date on time sheet; attach receipts) _____</p> <p style="text-align: center;">Amount Collected from Defendant or Others _____</p>																
Grand Total of Claim _____																	
<p>In the event that the Court of Appeals has not yet decided this case, or in the event that an adverse decision has been issued, I certify that I will file/have filed a Petition for Review or that the client has waived the filing of a Petition for Review and that these fees and expenses are just and correct and due by law.</p>	<p>Timesheet reviewed and approved. The above named defendant has been determined to be indigent in accordance with K.S.A. 22-4501 and was entitled to counsel.</p>	Agency Use Only															
Original Signature of Claimant _____ KS Bar # _____ Date _____	Original Signature of District Judge _____ Date _____	Audited/Approved _____															