

CONTRACT TRIAL APPOINTED COUNSEL CLAIM FORM

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		<p style="text-align: center;">Mail original claim form WITH timesheet to: 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 _____ Service End _____ (BIDS Use Only) _____ Date _____																	
District Court Case No. _____ Appellate Case No. _____ County _____ Name of Indigent Person _____ AKA _____		<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																	
Nature of current services _____		<p style="text-align: center;">Current Case Info (Check One)</p> <input type="checkbox"/> Criminal/Traffic Felony <input type="checkbox"/> Probation Violation/ Diversion Revocation <input type="checkbox"/> Material witness; grand jury witness																	
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;">Disposition of Original Case</p> <p style="text-align: center;">Check One</p> <input type="checkbox"/> 1 Non tried / Pled / Diversion <input type="checkbox"/> 2 Jury / Bench Trial (specify) <input type="checkbox"/> 3 Dismissed <input type="checkbox"/> 4 FTA/Bond Forfeiture/Warrant <input type="checkbox"/> 5 Attorney withdrew <input type="checkbox"/> 6 Defendant retained counsel																
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		<p style="text-align: center;">Original Case Sentenced As: <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor</p>																	
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: center;">July 1, 2019 to June 30, 2021</th><th style="text-align: center;">July 1, 2021 to June 30, 2022</th><th style="text-align: center;">July 1, 2022 to Present</th><th style="text-align: center;">_____</th></tr></thead><tbody><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></tbody></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= _____	_____	<p style="text-align: center;">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) _____	
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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 style="text-align: center;">Other Reimbursable Expenses Summary (itemized/date on time sheet; attach receipts) _____</p> Amount Collected from Defendant or Others _____																	
Original Signature of Claimant _____ KS Bar # _____ Date _____		Original Signature of District Judge _____ Date _____																	
_____		_____																	
_____		_____																	
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