

DRUG COURT 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>													
District Court Case No. _____ Appellate Case No. _____ Name of Indigent Person _____ AKA _____ County _____ Nature of current services _____			Payee No. _____ Open Date _____ Offense Code (BIDS Use Only) _____ Service End Date _____ <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			Disposition of Original Case (Check one) <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													
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: 33%;">July 1, 2016 to June 30, 2018</th> <th style="width: 33%;">July 1, 2018 to June 30, 2019</th> <th style="width: 33%;">July 1, 2019 to Present</th> </tr> <tr> <td>Total Preparation Time _____ hrs @ \$70 / hr = _____</td> <td>_____ hrs @ \$75/hr = _____</td> <td>_____ hrs. @ \$80/hr. = _____</td> </tr> <tr> <td>Total in Court Time _____ hrs @ \$70 / hr = _____</td> <td>_____ hrs @ \$75/hr = _____</td> <td>_____ hrs. @ \$80/hr. = _____</td> </tr> <tr> <td>Total Out of County Travel Time* _____ hrs @ \$70 / hr = _____</td> <td>_____ hrs @ \$75/hr = _____</td> <td>_____ hrs. @ \$80/hr. = _____</td> </tr> </table>		July 1, 2016 to June 30, 2018	July 1, 2018 to June 30, 2019	July 1, 2019 to Present	Total Preparation Time _____ hrs @ \$70 / hr = _____	_____ hrs @ \$75/hr = _____	_____ hrs. @ \$80/hr. = _____	Total in Court Time _____ hrs @ \$70 / hr = _____	_____ hrs @ \$75/hr = _____	_____ hrs. @ \$80/hr. = _____	Total Out of County Travel Time* _____ hrs @ \$70 / hr = _____	_____ hrs @ \$75/hr = _____	_____ hrs. @ \$80/hr. = _____
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Reimbursable Mileage Summary (itemized per day on time sheet) _____ Total whole miles @ state rate of \$0.54 (01/01/16 - 6/30/17) _____ _____ Total whole miles @ state rate of \$0.535 (01/01/17 - 6/30/18) _____ _____ Total whole miles @ state rate of \$0.545 (07/01/18 - 06/30/19) _____ _____ Total whole miles @ state rate of \$0.58 (07/01/19 - 12/31/2019) _____ _____ Total whole miles @ state rate of \$0.575 (01/01/20 - 12/31/20) _____ _____ Total whole miles @ state rate of \$0.56 (01/01/21 - 06/30/23) _____ _____ Total whole miles @ state rate of \$0.655 (07/01/2023 - Present) _____			Assigned Counsel Fees _____ Mileage Total _____ Other Reimbursable Expenses Summary (itemized/date on time sheet; attach receipts) _____ Amount Collected from Defendant or Others _____													
Grand Total of Claim _____																
<p>I certify that I have filed a Notice of Appeal, and Order Appointing the Appellate Defender, and served a copy on the Appellate Defender office or that client has waived appeal and that these fees and expenses are just and correct and due by law.</p> _____ Original Signature of Claimant KS Bar # Date		<p>Time sheet 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> _____ Original Signature of District Judge Date		<p style="text-align: center;">Agency Use Only</p> _____ Audited/Approved												