

DIRECT APPEAL AND HABEAS APPEAL ASSIGNED COUNSEL CLAIM FORM

<p>FEIN/SSN _____</p> <p>Firm _____</p> <p>Attorney _____</p> <p>Address _____ KS Bar # _____</p> <p>City, State, Zip _____ County _____</p> <p>E-Mail _____</p> <p>Phone _____ Fax _____</p> <p><input type="checkbox"/> Contract Case <input type="checkbox"/> Changes to: Name, Address, FEIN/SSN</p> <p>District Court _____ Appellate _____ Case No. _____ Case No. _____</p> <p>Name of Indigent Person _____</p> <p>AKA _____</p> <p>County _____</p> <p style="text-align: center;">Nature of current services _____</p> <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 charge _____</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 charge _____	<p>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</p> <p>Phone: (785) 296-6631 Fax: (785) 291-3082</p> <hr/> <p>Payee No. _____ Open Date _____</p> <p>Offense Code _____ Service End _____ (BIDS Use Only) _____ Date _____</p> <p style="text-align: center;">Did the judge order the defendant to repay the following:</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%;">Application Fee: K.S.A. 22-4529</td><td style="width: 20%;">\$100.00</td><td style="width: 20%; text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>Attorney Fees & Expenses</td><td>\$ _____</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr></table> <hr/> <p style="text-align: center;">Current Case Info (Check one)</p> <p><input type="checkbox"/> Civil-1507/Habeas Corpus</p> <p><input type="checkbox"/> Direct Appeal</p> <p><input type="checkbox"/> Petition for Review</p> <hr/> <p style="text-align: center;">Disposition of Original Case (Check one)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td><input type="checkbox"/> 1 Non tried / Pled / Diversion</td></tr><tr><td><input type="checkbox"/> 2 Jury / Bench Trial (specify)</td></tr><tr><td><input type="checkbox"/> 3 Dismissed</td></tr><tr><td><input type="checkbox"/> 4 FTA/Bond Forfeiture/Warrant</td></tr><tr><td><input type="checkbox"/> 5 Attorney withdrew</td></tr><tr><td><input type="checkbox"/> 6 Defendant retained counsel</td></tr></table> <p>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 <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><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></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> <p>_____ Total whole miles @ state rate of \$0.58 (07/01/2019 - 12/31/2019) _____</p> <p>_____ Total whole miles @ state rate of \$0.575 (01/01/2020 - 12/31/2020) _____ Mileage Total _____</p> <p>_____ Total whole miles @ state rate of \$0.56 (01/01/2021 - 06/30/2022) _____</p> <p>_____ Total whole miles @ state rate of \$0.585 (07/07/2022 - 06/30/2023) _____</p> <p>_____ Total whole miles @ state rate of \$0.655 (07/01/2023 - Present) _____</p> <p style="text-align: right;">Other Reimbursable Expenses Summary (itemized/date on time sheet; attach receipts) _____</p> <p style="text-align: right;">Amount Collected from Defendant or Others _____</p> <hr/> <p style="text-align: center;">Grand Total of Claim _____</p> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%; vertical-align: top;"><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></td><td style="width: 30%; vertical-align: top;"><p>Time sheet reviewed and approved. The above named defendant has been determined to be indigent in accordance with K.S.A. and was entitled to counsel.</p></td><td style="width: 30%; vertical-align: top;"><p style="text-align: center;">Agency Use Only</p></td></tr><tr><td>Original Signature of Claimant _____ KS Bar # _____ Date _____</td><td>Original Signature of District Judge _____ Date _____</td><td>Audited/Approved _____</td></tr></table>	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	<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	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>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>Time sheet reviewed and approved. 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