TRIAL APPOINTED COUNSEL CLAIM FORM

Firm _____

Attorney _____ KS Bar # _____

Address _____

City, State, Zip _____

County _____

E-Mail _____

Phone _____ Fax _____

☐ Contract Case ☐ Changes to: Name, Address

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

Payee No. _____ Open Date _____

Offense Code (BIDS Use Only) _____ Service End Date _____

Did the Judge order the defendant to repay the following:

Application Fee: K.S.A. 22-4529 $100.00 ☐ Yes ☐ No

Attorney Fees & Expenses $ _____ ☐ Yes ☐ No

District Court Case No. _____ Appellate Case No. _____

County _____

Name of Indigent Person _____

AKA _____

Current Case Info
(Check **One**)

☐ Criminal/Traffic Felony
☐ Probation Violation/ Diversion Revocation
☐ Material witness; grand jury witness
☐ Civil-1507/Habeas
☐ Direct Appeal
☐ Petition for Review

Nature of current services

_____

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

Disposition of Original Case

Check **One**
☐ 1 Non tried / Pled / Diversion
☐ 2 Jury / Bench Trial (specify)
☐ 3 Dismissed
☐ 4 FTA/Bond Forfeiture/Warrant
☐ 5 Attorney withdrew
☐ 6 Defendant retained counsel

Original Case Sentenced As: ☐ Felony ☐ Misdemeanor

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. ☐ E

	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= $0.00	____ hrs @ $100/hr= $0.00	____ hrs @ $120/hr= $0.00	$0.00
Total in Court Time	____ hrs @ $80/hr= $0.00	____ hrs @ $100/hr= $0.00	____ hrs @ $120/hr= $0.00	$0.00
Total Out of County Travel Time*	____ hrs @ $80/hr= $0.00	____ hrs @ $100/hr= $0.00	____ hrs @ $120/hr= $0.00	$0.00

Reimbursable Mileage Summary (itemized per day on time sheet)

____	Total whole miles @ state rate of $0.58 (07/01/2019 - 12/31/2019)	0.000
____	Total whole miles @ state rate of $0.575 (01/01/2020 - 12/31/2020)	0.000
____	Total whole miles @ state rate of $0.56 (01/01/2021 - 06/30/2022)	0.000
____	Total whole miles @ state rate of $0.585 (07/01/2022 - 06/30/2023)	0.000
____	Total whole miles @ state rate of $0.655 (07/01/2023 - Present)	0.000

Contract Amount _____

Mileage Total $0.00

Other Reimbursable Expenses Summary
(itemized/date on time sheet; attach receipts) _____

Amount Collected from Defendant or Others _____

Grand Total of Claim $0.00

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.

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.

Agency Use Only

Original Signature of Claimant _____ KS Bar # _____ Date _____

Original Signature of District Judge _____ Date _____

Audited/Approved _____