1. CASE NO.	2. PERSON REPRESENTED
3. ATTORNEY'S NAME, First Name, M.I., Last Name, and MAILING ADDRESS Telephone Number: Email:	4. COURT ORDER APPOINTING COUNSEL Because the above-named person represented has satisfied this Court that he or she is financially unable to employ counsel and that (1) exceptional circumstances to justify the appointment of counsel, or (2) he or she has diligently attempted to obtain counsel and the merits of the case justify appointment, the attorney whose name appears in item 3 was appointed to represent the person in this case. Date of Order: Presiding Judge:

CLAIM FOR FEES AND EXPENSES

DATE OF CASE COMPLETION	APPOINTMENT TERMINATION DATE (*Only if different from Case Completion Date)*

CATEGORIES (*An itemized statement and receipts must be attached).*	**AMOUNT**
Attorney Fees	$
Expert Services (*Prior court approval should be sought before hiring experts)*	$
Travel Expenses	$
Fees for Service of Process	$
Depositions and Transcripts	$
Photocopying, Records fees, Other	$
TOTAL AMOUNT CLAIMED:	$ 0

I certify that the above fees and expenses were incurred in the preparation and presentation of this case. These fees and expenses do not include any fees or expenses that have been waived or are recoverable under any provision of law, or under any other plan, and that no fees or expenses have been awarded by judgement in any suit before this Court.
I acknowledge that the total amount that may be reimbursed for all fees and expenses per attorney per case under the Plan shall not exceed $2,500, unless a greater amount is approved by both the chief judge and the presiding judge.

Signature of Attorney Date

APPROVED FOR PAYMENT- COURT USE ONLY

SIGNATURE OF PRESIDING JUDGE	DATE	TOTAL AMOUNT APPROVED $
SIGNATURE OF CHIEF JUDGE (*if request over $2,500)*	DATE	TOTAL AMOUNT APPROVED $