

COURT OF APPEAL OF THE STATE OF CALIFORNIA

Case No.¹ _____ **DISTRICT** _____ **DIVISION** _____
AOC Suffix
 Client _____ **Appellant** **Respondent** **Other**
Last Name First Name M.I.

LOWER COURT CASE No.²

INTERIM **FINAL** **CLAIM FOR COMPENSATION AND EXPENSES**

(A) Type of Case (check one only) Criminal Delinquency Dependency Other

(B) Main Proceedings (check one only) Jury Trial Court Trial Guilty Plea Prob. Viol. Other

(C) Counts (List only the counts resulting in conviction or other adverse disposition, with major count first. For dependency cases use WI 300; for delinquency cases use WI 602. Attach additional sheet if necessary.)

CODE 2 letters	SECTION NUMBER (Include Subdivision)	DEGREE (1 or 2)	No. of Counts same sec.	DESCRIPTION (murder, poss. for sale, brandishing, robbery, abuse/neglect, etc.)

(D) Sentence or other disposition: Years Months No. of Counts No. of Counts
 Total determinate term (criminal only): Non-LWOP life-tops: LWOPs:
(Combine consecutive time, including enhancements) (e.g., life, 25-life)

Strikes (insert "X" if): Term doubled per PC 667(b)-(i)/1170.12 Life with min. 25 or more per PC 667(b)-(i)/1170.12

If other than commitment to state prison, check one appropriate box below.

<u>CRIMINAL</u>			<u>DELINQUENCY</u>			
Probation <input type="checkbox"/>	Civil Commit <input type="checkbox"/>	Other <input type="checkbox"/>	CYA <input type="checkbox"/>	Camp <input type="checkbox"/>	Home on Prob <input type="checkbox"/>	Other <input type="checkbox"/>
<u>DEPENDENCY</u>			<u>OTHER</u>			
Adj/Disp. (358,360) <input type="checkbox"/>	RevHrg (364,366.21/.22) <input type="checkbox"/>	PermPlan (366.26) <input type="checkbox"/>	PostPermPlan (366.3) <input type="checkbox"/>	PetMod (388) <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="checkbox"/>

(E) Motion to suppress under 1538.5 raised in appeal? _____
(Y/N)

(F) I certify under penalty of perjury that the statements in this claim and attached documents are true and correct.

Signature: _____ Dated: MM DD YY

ATTORNEY LAST NAME FIRST NAME M.I. E-MAIL

ADDRESS CITY, STATE ZIP CODE

STATE BAR No. TAX ID No. TELEPHONE ()

¹ Case number is also known as the District Court of Appeal (DCA) case number or Supreme number.
² If this is a Supreme Court case, enter the Court of Appeal case number. If this is a Court of Appeal case, enter the Trial Court case number.

Case No.¹ _____ Client Last Name _____ Attorney Last Name _____

(G) Detail of Hours (include total hours, including any previously claimed in this case):

Use decimal place to tenths only

- (1) Communications with Client and/or Trial Counsel..... (1) _____
- (2) Review of Record..... (2) _____
 Length (pages): + + - =
CT (incl. prelim.) RT Other Prelim (subtract) Total
- (3) Extensions of Time..... How many? (3) _____
- (4) Motions to Augment..... How many? (4) _____
- * (5) Other Motions (Specify) _____ How many? (5) _____
- (6) Opening Brief (Insert date filed) (6) _____
 Mark **A** if abandoned, **D** if involuntary dismissal by the Court, **W** if *Wende* or **S** if *Sade C*:
- (7) Unbriefed Issues (Attach separate sheet)..... (7) _____
- (8) Reply Brief..... (8) _____
- (9) Supplemental or Letter Briefs..... (9) _____
- (10) Review of Opposing Brief(s)..... (10) _____
- (11) Habeas Corpus Petition Case No. (11) _____
- (12) Petition for Rehearing..... (12) _____
- (13) Petition for Review (or Answer)..... (13) _____
- * (14) Other Petition (Specify) _____ Case No. (14) _____
- (15) Review of Response to Petition..... (15) _____
- (16) Reply to Response to Petition..... (16) _____
- (17) Oral Argument Date: Telephonic? (Y/N) (17) _____
- * (18) Travel (Specify destination and purpose) _____ (18) _____
- (19) Review of Court Opinion(s)..... (19) _____
- (20) Review of Superior Court File..... (20) _____
- (21) Consultation with Project Staff..... (21) _____
- (22) Admin Tasks (Please note there is text space for up to 2000 characters) (22) _____
- (23) Other Communication (Specify) (Please note there is text space for up to 2000 characters) (23) _____
- (24) Other (Specify) (Please note there is text space for up to 2000 characters) (24) _____
- (25) TOTAL HOURS CLAIMED (25) 0.00**

Items marked by an asterisk (*) **must** be specified or explained at item (J) on page 3. In addition, please attach:

- (a) a list of all unbriefed issues claimed, including hours claimed for each;
- (b) an explanation for any hours claimed over Guidelines or other items you wish to explain; and
- (c) any checklists required by the Project or the Court of Appeal, including Associate Counsel logs.

Case No.¹ _____ Client Last Name _____ Attorney Last Name _____

(H) Detail of Expenses

- (1) Photocopy: _____ pages at _____ per page = \$ 0.00 (1) _____
- (2) Brief Binding, etc.: (2) _____
- (3) Postage/Delivery: (3) _____
- (4) Telephone: (4) _____
- (5) Travel Expense: (5) _____
 _____ miles at _____ per mile = \$ 0.00
- *(6) Computer Research: (6) _____
- *(7) Paralegal/Clerks: _____ hrs @ \$ _____ = \$ 0.00 (7) _____
- (8) Translator/ Interpreter: _____ hrs @ \$ _____ = \$ 0.00 (8) _____
- *(9) Miscellaneous (including certifications, fees, experts, etc.): (9) _____
- (10) TOTAL EXPENSES CLAIMED: (10) 0.00**

(I) Claim Summary

Hours _____ x Rate _____ \$ 0.00 Total \$ _____

Total Expenses: \$ _____

Total Hours + Total Expenses: \$ 0.00

Less Previous Payments: \$ _____

NET CLAIM: \$ 0.00

(J) Additional Explanations (including any required for asterisked items under G & H):

(Please note there is text space for up to 2000 characters in the Explanation field)

Item No. Explanation

