State of Alabama Unified Judicial System Form C-62A Rev.11/07	**ATTORNEY'S FEE DECLARATION** **(Adult)** [For Work Performed 6/10/99 through 9/30/00]	**County Code** — —	**Case Number** _ _ _ _ _ _ _ _ _ _ _ _ Jurisdiction Year Case# Suffix

Mark Appropriate Court:

☐ Circuit Court of _____ County
☐ District Court of_____ County
☐ Municipal Court of_____
☐ Alabama Court of Criminal Appeals
☐ Alabama Court of Civil Appeals
☐ Supreme Court of Alabama

Indicate if Original Charge is:	**Limits**
Capital Case (or charge carrying sentence of life without parole)	☐ (NO Limit) CC
Class A Felony	☐ ($3,500) FA
Class B Felony	☐ ($2,500) FB
Class C Felony	☐ ($1,500) FC
Other	☐ ($1,000) OT
Appeal	☐ ($2,000) AP
Petition for Writ of Certiorari	☐ ($2,000) WC
Post-Conviction/Habeas Corpus	☐ ($1,000) PC

Attorney Name (Please type or print)

_____

_____
Social Security Number or FEIN

STYLE OF CASE: ☐ **STATE OF ALABAMA**
☐ **MUNICIPALITY OF** _____ v. _____
Defendant

CHARGE: _____

Companion case numbers and charges or convictions: _____

_____

The undersigned attorney declares that on (date) _____, the Honorable _____ _____, Judge, appointed the undersigned to represent the above-named defendant or appellant, and on (date) _____ the case was heard by the Honorable _____, Judge. The case was disposed of by _____

(Plea of guilty, conviction, acquittal, affirmance, reversal, cert. denied)

(1) In Court Appearance (Trial Level or Post-Conviction Proceeding) Total Hours _____ x $ 50.00 per hour = _____

(2) Out-of-Court Preparation (Trial Level or Post-Conviction Proceeding) Total Hours _____ x $ 30.00 per hour = _____

(3) Preparation (Appellate Level) Total Hours _____ x $ 50.00 per hour = _____

(4) Extraordinary Expenses (If approved in advance by court) _____

(5) Overhead Expenses (If approved in advance by court) Total Hours _____ x $ ____ Per hour = _____

TOTAL CLAIM OF ATTORNEY _____

NOTICE TO ATTORNEY: Complete this form. Attach a copy of a complete itemization of (1) in-court appearance; (2) out-of-court preparation; (3) preparation for appeals;(4) extraordinary expenses; and/or (5)overhead expenses reflecting the date of actions and amount of time involved in each activity. Make a copy of same for the court's record and a copy for your records.

The undersigned attorney further declares that the above claim is true and correct and represents the services actually rendered by him/her as an attorney and the amount is due and payable. I further declare that the above claim is not a duplication of charges and expenses in any case (companion or otherwise)

_____
Signature of Attorney

Attorney Code _____

Mailing Address of Attorney
(please type or print) (including city, state, and zip code)

_____

_____

_____

Telephone Number _____ Fax Number _____

Sworn to and subscribed before me this _____

Day of _____, _____

_____
Notary Public

I, the undersigned judge, hereby certify that the foregoing claim has been presented to me, and I have reviewed the same and believe the same to be true and correct. I am further of the opinion that said attorney is not duplicating said charges and expenses in any case (companion or otherwise).

Based on the above, I hereby approve the declaration and claim in the amount of $ _____

Done this _____ day of

_____, _____.

_____
Judge's Signature

NOTICE TO ATTORNEY AND JUDGE: Sections 15-12-21 through 15-12-23, Ala. Code 1975, provide for the payment of attorney fees and extraordinary expenses incurred by counsel appointed to represent indigent defendants at the trial level on appeal (including petition for writ of certiorari to the Alabama Supreme Court) and in post-conviction proceedings.

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES OF THE ATTORNEY AND THE JUDGE. THIS FORM WITH ATTACHED ITEMIZATION MUST BE SUBMITTED TO THE TRIAL COURT JUDGE OR PRESIDING JUDGE OR CHIEF JUSTICE OF THE APPELLATE COURT FOR APPROVAL. AFTER APPROVAL, FILE WITH THE CLERK , WHO SHALL SUBMIT THE ORIGINAL DECLARATION TO THE STATE COMPTROLLER (EXCEPT IN MUNICIPAL CASES) FOR AUDIT.

Filed in the Clerk's Office at _____, Alabama, on _____.
date

EXCEPT IN MUNICIPAL CASES, MAIL TO: State Comptroller, Indigent Defense Section, P.O. BOX 302602, Montgomery, Alabama 36130-2602.

Original: Comptroller Yellow: Court File Pink: Attorney