

DETAILED LIST OF LEGAL SERVICES PROVIDED

HOUR → 6 MIN INCREMENTS 0.1 =6 MIN 0.6=36 MIN 0.2=12 MIN 0.7=42 MIN 0.3=18 MIN 0.8=48 MIN 0.4=24 MIN 0.9=54 MIN 0.5=30 MIN 1.0=60 MIN	
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COURT NUMBER: _____ CASE NUMBER(S): _____

DEFENDANT'S NAME: _____

Use an additional form if there are more entries than space provided.

Please be as detailed as possible without revealing attorney-client and work-product information.

JAIL VISITS:

DATE	DETAILED DESCRIPTION	TIME-BEGIN	TIME-END	TOTAL TIME (6 MIN)

WITNESS INTERVIEWS:

DATE	DETAILED DESCRIPTION	TIME-BEGIN	TIME-END	TOTAL TIME (6 MIN)

RECORDS/LEGAL RESEARCH/DISCOVERY REVIEW:

DATE	DETAILED DESCRIPTION	TIME-BEGIN	TIME-END	TOTAL TIME (6 MIN)

COURT APPEARANCES:

DATE	DETAILED DESCRIPTION	TIME-BEGIN	TIME-END	TOTAL TIME (6 MIN)

TOTAL TIME	HOURLY RATE	TOTAL \$ AMOUNT
	X \$100.00/HR	

*Attorney Certification – I, the undersigned attorney, declare under penalty of perjury that the foregoing is true and correct. I also believe the compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel. Final Payment Partial Payment

Executed in Dallas County, State of Texas, on the ___ day of _____, ____.

Signature