

State of Alabama Unified Judicial System Form AFD-1 Rev.12/2011	<h2 style="margin:0;">ATTORNEY'S FEE DECLARATION</h2> <h3 style="margin:0;">(Adult)</h3> <p style="margin:0;">[For Appointments made prior to 6/14/2011]</p>	County Code -- --	Case Number -- -- -- -- -- <small>Jurisdiction Year Case# Suffix</small>
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Mark Appropriate Court: Indicate if Original Charge is: Limits **Attorney Name (Please type or print)**

<input type="checkbox"/> Circuit Court of _____ County <input type="checkbox"/> District Court of _____ County <input type="checkbox"/> Alabama Court of Criminal Appeals <input type="checkbox"/> Alabama Court of Civil Appeals <input type="checkbox"/> Supreme Court of Alabama	Capital Case (or charge carrying sentence of life without parole) Class A Felony Class B Felony Class C Felony Other Appeal Petition for Writ of Certiorari Post-Conviction/Habeas Corpus	<input type="checkbox"/> (NO Limit) CC <input type="checkbox"/> (\$3,500) FA <input type="checkbox"/> (\$2,500) FB <input type="checkbox"/> (\$1,500) FC <input type="checkbox"/> (\$1,000) OT <input type="checkbox"/> (\$2,000) AP <input type="checkbox"/> (\$2,000) WC <input type="checkbox"/> (\$1,000) PC	_____ _____ Social Security Number or FEIN
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STYLE OF CASE: _____ v. _____

NAME OF PARTY REPRESENTED: _____

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 _____.

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

In court Appearance (Trial Level or Post-Conviction Proceeding)	Total Hours _____ x \$ 60.00 per hour = _____
Out-of-Court Preparation (Trial Level or Post-Conviction Proceeding)	Total Hours _____ x \$ 40.00 per hour = _____
Preparation (Appellate Level)	Total Hours _____ x \$ 60.00 per hour = _____
Extraordinary Expenses (If approved in advance by the Court)	Total Hours _____ x \$ _____ per hour = _____
Overhead Expenses (If approved in advance by the Court)	Total Hours _____ x \$ _____ per hour = _____

TOTAL CLAIM OF ATTORNEY _____

NOTICE TO ATTORNEY: Complete this form. Attach a copy of a complete itemization of in-court appearances; out-of-court preparation; preparation for appeals; extraordinary expenses; and/or overhead expenses reflecting the date of actions and amount of time involved in each activity. Attach original invoice or receipt for all expenses and corresponding court orders. Make a copy of same for the court's record and a copy of 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 _____ Date _____

Attorney Code _____

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

E-mail Address: _____ Telephone Number _____ Fax Number _____

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 attorney's declaration and claim in the amount of \$ _____.

Judge's Signature _____ Date _____

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 CERTIFICATION, FILED WITH THE CLERK, AND THEN SUBMITTED TO THE OFFICE OF INDIGENT DEFENSE SERVICES.

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

MAIL TO: Office of Indigent Defense Services, P.O. BOX 302602, Montgomery, Alabama 36130-2602.