

FORM I

PERSONAL INFORMATION:

NAME OF COUNSEL: _____

BAR CARD NUMBER: _____

ADDRESS FOR PAYMENT: _____

TELEPHONE: _____

I the undersigned counsel swear or affirm to the Court to which this claim is submitted and to the county official who authorizes this claim that they rely on the information contained herein, that such information is true, that the claim is within the guidelines adopted by the courts of this county, that I represented the defendant named above after proper appointment by the court and that I am entitled to the fees and expenses claimed herein.

Attorney

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

Approved:

Judge

All claims must be submitted under oath.