FORM AF-1 (Rev. 2004) **CLAIM FOR ATTORNEY FEES (APPELLATE/TRIAL)**

INSTRUCTIONS: Type and submit in duplicate to the appropriate clerk of court. Please complete the form in full. If an order is required, it must be stapled to the back of your claim form. Incomplete claim forms will be returned. Both copies must be signed by the attorney and judge. For trial court claims, the clerk shall retain one copy for the court files and shall forward the original to the Administrative Office of the Courts, Attorney Claims, Nashville City Center, Suite 600, 511 Union, Nashville, TN 37219. For appellate claims, the appellate court clerk shall retain one copy for its files and shall forward the original to the appropriate Appellate Court Judge.

STATE OF TENNESSEE

COUNTY OF: _____ ☐ **Court** _____ (specify court) ☐ **Court of Criminal Appeals** ☐ **Supreme Court** ☐ **Court of Appeals**

NAME OF CLIENT: _____

Trial Court No.: _____ **Appeal No.:** _____

1. _____ (Original Offense) **in violation of TCA Section** _____ _____ (Class)

2. Type of case: ☐ **Felony** ☐ **Misdemeanor** ☐ **Petition for Early Release** ☐ **Juvenile**
☐ **Post Conviction** ☐ **Probation Violation** ☐ **Contempt** ☐ **Other:** _____

☐ **First Degree Murder** ☐ **Lead** ☐ **Co-Counsel**

Did the DA file a notice of intent to seek the death penalty? ☐ **Yes** ☐ **No**

If notice was withdrawn give date _____

3. Conviction offense_____ **Sentence received**_____

4. Date of disposition_____ **Date of last activity in relation to the case**_____

5. Disposition of case:
☐ **Plea of guilty** ☐ **Nolle prosequi** ☐ **Trial by jury** ☐ **Trial by judge** ☐ **Other** ☐ **Cert. question**

SUMMARY OF ACTIVITY TOTALS (From itemized list on back of form)	(A) IN-COURT HOURS (Tenths)	(B) OUT-OF-COURT HOURS (Tenths)	(C) NECESSARY EXPENSES
TOTALS	0.0	0.0	$0.00

I certify that the foregoing represents an accurate, complete statement of time and expenses in connection with the above action or proceedings.

_____
Signature of Attorney

Soc. Sec. No.: _____

Enter FULL Name, Address and Phone Number Here
(Please supply full address and phone number.)

Attorney: _____

Address: _____

_____

City: _____ **State:** _____ **Zip** _____

Phone: _____

TO BE COMPLETED BY JUDGE

(A) _____ **Total Approved In-Court Hours @ $50 Per Hour.....**
(In capital cases, lead counsel @ $100 Per Hour; co-counsel @ $80 Per Hour)
(In capital post - conviction cases @ $80 Per Hour)

(B) _____ **Total Approved Out-of-Court Hours @ $40 Per Hour.....**
(In capital cases, lead counsel @ $75 Per Hour; co-counsel @ $60 Per Hour)
(In capital post - conviction cases @ $60 Per Hour)

(C) Total Approved Necessary Expenses .....

TOTALS.....

Subject to the provisions of T.C.A. § 40-14-207, the Court finds this to be reasonable compensation for work done in the above-style case/appeal.

This the _____ **day of** _____, _____.

_____
Signature of Judge

_____
Judge's Name — Please Print

DATE	ACTIVITY Itemize in-court and out-of court hours spent working on this case. Itemize any out-of-pocket expense. Itemize any other approved expenses & attach to this claim a certified copy of the court's prior approval of such expense.	(A) IN-COURT HOURS (Tenths)	(B) OUT-OF COURT HOURS (Tenths)	(C) NECESSARY EXPENSES
	TOTALS:	0.0	0.0	$0.00