

**COURT OF APPEAL OF THE STATE OF CALIFORNIA**

Case No.<sup>1</sup> \_\_\_\_\_ **DISTRICT** \_\_\_\_\_ **DIVISION** \_\_\_\_\_ JCC Suffix \_\_\_\_\_ LOWER COURT CASE No.<sup>2</sup> \_\_\_\_\_

Client \_\_\_\_\_ **Appellant**  **Respondent**  **Other**   
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

**INTERIM**  **FINAL** **CLAIM FOR COMPENSATION AND EXPENSES**

(A) Type of Case (check one only) Criminal  Delinquency  Dependency  Other

(B) Main Proceedings (check one only) Jury Trial  Court Trial  Guilty Plea  Prob. Viol.  Other

(C) Counts (List only the counts resulting in conviction or other adverse disposition, with major count first. For dependency cases use WI 300; for delinquency cases use WI 602. Attach additional sheet if necessary.)

CODE 2 letters	SECTION NUMBER (Include Subdivision)	DEGREE (1 or 2)	No. of Counts same sec.	DESCRIPTION (murder, poss. for sale, brandishing, robbery, abuse/neglect, etc.)

(D) Sentence or other disposition: Years  Months  No. of Counts  No. of Counts   
 Total determinate term (criminal only):  Non-LWOP life-tops:  LWOPs:   
(Combine consecutive time, including enhancements)

Strikes (insert "X" if):  Term doubled per PC 667(b)-(i)/1170.12  Life with min. 25 or more per PC 667(b)-(i)/1170.12

If other than commitment to state prison, check one appropriate box below.

<u>CRIMINAL</u>			<u>DELINQUENCY</u>			
Probation	Civil Commit	Other	CYA	Camp	Home on Prob	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>DEPENDENCY</u>						<u>OTHER</u>
Adj/Disp.	RevHrg	PermPlan	PostPermPlan	PetMod	Other	
(358,360)	(364,366.21/.22)	(366.26)	(366.3)	(388)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(E) Motion to suppress under 1538.5 raised in appeal? \_\_\_\_\_  
(Y/N)

(F) I certify under penalty of perjury, under the laws of the State of California, that the statements in this claim and attached documents are true and correct.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_ MM DD YY

ATTORNEY LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

STATE BAR No. \_\_\_\_\_ TAX ID No. \_\_\_\_\_ TELEPHONE \_\_\_\_\_

<sup>1</sup> Case number is also known as the District Court of Appeal (DCA) case number or Supreme number.  
<sup>2</sup> If this is a Supreme Court case, enter the Court of Appeal case number. If this is a Court of Appeal case, enter the Trial Court case number.  
 WORD XP FORM  
 Appellate Claim Form 3  
 3/2005

Case No.<sup>1</sup> \_\_\_\_\_ Client Last Name \_\_\_\_\_ Attorney Last Name \_\_\_\_\_

**(G) Detail of Hours (include total hours, including any previously claimed in this case):**

Use decimal place to tenths only

- |   |                   |
|---|-------------------|
| (1) Communications with Client and/or Trial Counsel.....  | (1) _____         |
| (2) Review of Record.....   | (2) _____         |
| Length (pages): <input type="text"/> + <input type="text"/> + <input type="text"/> - <input type="text"/> = <input type="text"/>  |                   |
| <small>CT (incl. prelim.)      RT      Other      Prelim (subtract)      Total</small>  |                   |
| (3) Extensions of Time..... How many? <input type="text"/>  | (3) _____         |
| (4) Motions to Augment..... How many? <input type="text"/>  | (4) _____         |
| * (5) Other Motions (Specify) _____ How many? <input type="text"/>  | (5) _____         |
| (6) Opening Brief (Insert date filed) _____<br>Mark A if abandoned, D if involuntary dismissal by the Court, W if <i>Wende</i> or S if <i>Sade C</i> : <input type="text"/> | (6) _____         |
| (7) Unbriefed Issues (Attach separate sheet).....   | (7) _____         |
| (8) Reply Brief.....  | (8) _____         |
| (9) Supplemental or Letter Briefs.....  | (9) _____         |
| (10) Review of Opposing Brief(s).....   | (10) _____        |
| (11) Habeas Corpus Petition ..... Case No. <input type="text"/>   | (11) _____        |
| (12) Petition for Rehearing.....  | (12) _____        |
| (13) Petition for Review (or Answer).....   | (13) _____        |
| * (14) Other Petition (Specify) _____ Case No. <input type="text"/>   | (14) _____        |
| (15) Review of Response to Petition.....  | (15) _____        |
| (16) Reply to Response to Petition.....   | (16) _____        |
| (17) Oral Argument Date: <input type="text"/> / <input type="text"/> / <input type="text"/> Telephonic? (Y/N) <input type="text"/>  | (17) _____        |
| * (18) Travel (Specify destination and purpose) _____   | (18) _____        |
| (19) Review of Court Opinion(s).....  | (19) _____        |
| (20) Review of Superior Court File.....   | (20) _____        |
| (21) Consultation with Project Staff.....   | (21) _____        |
| Admin Tasks (Please note there is text space for up to 2000 characters)   |                   |
| (22) Other (Specify) (Please note there is text space for up to 2000 characters)  | (22) _____        |
| (23) Other (Specify) (Please note there is text space for up to 2000 characters)  | (23) _____        |
| (24) Other (Specify) (Please note there is text space for up to 2000 characters)  | (24) _____        |
| <b>(25) TOTAL HOURS CLAIMED</b>   | <b>(25) _____</b> |

Items marked by an asterisk (\*) **must** be specified or explained at item (J) on page 3. In addition, please attach:

- (a) a list of all unbriefed issues claimed, including hours claimed for each;
- (b) an explanation for any hours claimed over Guidelines or other items you wish to explain; and
- (c) any checklists required by the Project or the Court of Appeal, including Associate Counsel logs.



