

# CUMULATIVE HOURS/SERVICES AND EXPENSES COMPENSATION FORM FOR AUTOMATIC APPEALS AND/OR RELATED STATE HABEAS CORPUS/EXECUTIVE CLEMENCY PROCEEDINGS

Who must complete this form and append related documentation:

1. Lead counsel appointed pursuant to the "time and costs" Payment Guidelines must complete and submit an original and a copy of this form (Part 1 through Part 4) with each request for fees and/or reimbursement for services and/or expenses, and must attach activity logs for all hours requested in Part 2. If counsel seeks reimbursement for services and/or expenses, counsel also must append to this form an original and a copy of an itemization of such services and/or expenses, as described below.

2. Lead "habeas corpus/executive clemency" counsel appointed pursuant to the "Guidelines for Fixed Fee Appointments," who seeks reimbursement for habeas corpus investigation services and/or expenses, must complete and submit Part 1, category 20b of Part 3, and Part 4. Such counsel also must append to this form an itemization of such investigation services and/or expenses, as described below.

**Part 1**

|                  |   |   |  |
|------------------|---|---|--|
| Attorney's Name: | <div style="display: flex; justify-content: space-between;"> <span>Last Name</span> <span>F.I.</span> <span>M.I.</span> </div>      | Attorney Tax ID:  |  |
| People v.        | <div style="display: flex; justify-content: space-between;"> <span>Last Name</span> <span>F.I.</span> <span>M.I.</span> </div>      | Case No.  |  |
| In re            |   | Case No.  |  |
| Billing Period:  | <div style="display: flex; justify-content: space-around;"> <span>MM DD YY</span> <span>through</span> <span>MM DD YY</span> </div> | <b>CHECK HERE IF THIS IS FINAL FEE REQUEST *</b> <input type="checkbox"/> |  |

**Part 2**

**HOURS ON THIS FEE REQUEST**

**CUMULATIVE HOURS  
(Including this request)**

| CATEGORY*  | LEAD APPTD. ATTY. | ASSOC. APPTD. ATTY. | NONAPPTD. ATTY | PARALEGAL/ LAW CLERK | LEAD APPTD. ATTY. | ASSOC. APPTD. ATTY. | NONAPPTD. ATTY | PARALEGAL/ LAW CLERK |
|--|-------------------|---------------------|----------------|----------------------|-------------------|---------------------|----------------|----------------------|
| 1a. Appellate Counsel's Reading of the Record & Producing Computerized Transcript Notes      | .                 | .                   | .              | .                    |                   |                     |                |                      |
| 1b. Appellate Counsel's List of Potentially Meritorious Habeas Corpus Issues                 | .                 | .                   | .              | .                    |                   |                     |                |                      |
| 1c. Evidence Preservation by Appellate Counsel for the Use of Separate Habeas Corpus Counsel | .                 | .                   | .              | .                    |                   |                     |                |                      |
| 1d. Record Review  | .                 | .                   | .              | .                    |                   |                     |                |                      |
| 2. Record Correction & Augmentation  | .                 | .                   | .              | .                    |                   |                     |                |                      |

\* See attached "Description of Categories on the Cumulative Hours/Services and Expenses Compensation Form for Automatic Appeals and/or Related State Habeas Corpus/Executive Clemency Proceedings" for the scope and coverage of each category.

| CATEGORY*   | LEAD APPTD. ATTY.    | ASSOC. APPTD. ATTY.  | NONAPPTD. ATTY.      | PARALEGAL/ LAW CLERK | LEAD APPTD. ATTY.    | ASSOC. APPTD. ATTY.  | NONAPPTD. ATTY.      | PARALEGAL/ LAW CLERK |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 3. Other Motions/Requests/ Applications (does not include Extension of Time Requests) | <input type="text"/> |
| 4. 60-day Status Reports  | <input type="text"/> |
| 5. Research & Write Opening Brief   | <input type="text"/> |
| 6. Research & Write Reply Brief   | <input type="text"/> |
| 7. Research & Write Supp. Brief(s)  | <input type="text"/> |
| 8. Investigate & Write Habeas Corpus Petition   | <input type="text"/> |
| 9a. Reply to Informal Response to Habeas Corpus Petition                              | <input type="text"/> |
| 9b. Traverse to Return to OSC   | <input type="text"/> |
| 10a. Evidentiary Hearing Preparation  | <input type="text"/> |
| 10b. Evidentiary Hearing Presentation   | <input type="text"/> |
| 10c. Post-hearing Litigation Before the Referee                                       | <input type="text"/> |
| 10d. Post-hearing Briefs in Supreme Court   | <input type="text"/> |
| 11. Oral Argument (prepare & argue)   | <input type="text"/> |
| 12. Post-oral Argument Representation   | <input type="text"/> |
| 13. Rehearing Petition or Opposition  | <input type="text"/> |
| 14a. Certiorari Petition or Opposition  | <input type="text"/> |
| 14b. Representation in U.S. Supreme Court After Grant of Certiorari                   | <input type="text"/> |
| 15. Client Communication/ Visits  | <input type="text"/> |
| 16. Travel  | <input type="text"/> |

\* See attached "Description of Categories on the Cumulative Hours/Services and Expenses Compensation Form for Automatic Appeals and/or Related State Habeas Corpus/Executive Clemency Proceedings" for the scope and coverage of each category.

| CATEGORY*  | LEAD                 | ASSOC.               | NONAPPTD.            | PARALEGAL/           | LEAD                 | ASSOC.               | NONAPPTD.            | PARALEGAL/           |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|  | APPTD.               | APPTD.               | ATTY.                | LAW CLERK            | APPTD.               | APPTD.               | ATTY.                | LAW CLERK            |
|  | ATTY.                | ATTY.                |                      |                      | ATTY.                | ATTY.                |                      |                      |
| 17. Other (specify):   | <input type="text"/> |
| _____  | <input type="text"/> |
| _____  | <input type="text"/> |
| Subtotal of Category 17  | <input type="text"/> |
| 17a. Trial Court Proceedings to Set Execution Date             | <input type="text"/> |
| 17b. Habeas Corpus Counsel's Executive Clemency Representation | <input type="text"/> |
| 18. TOTAL HOURS  | <input type="text"/> |

Note: Activity logs for all hours requested in Part 2 are appended to this form: [Circle: yes / no].

**Part 3**

**Attorney Fees and Services and Expenses**  
(This request only)

**Cumulative Attorney Fees and Services and Expenses**  
(Including this request)

|   |          |                         |          |
|---|----------|-------------------------|----------|
| 19. TOTAL ATTORNEY FEES                               |          | \$ <input type="text"/> | \$ _____ |
| 20a. General Services and Expenses                    |          |                         |          |
| (1) General Expenses                                  | \$ _____ |                         | \$ _____ |
| (2) General Paralegal/Law Clerk Services and Expenses | \$ _____ |                         | \$ _____ |
| (3) Other General Services and Expenses (specify):    |          |                         |          |
| _____   | \$ _____ |                         | \$ _____ |
| _____   | \$ _____ |                         | \$ _____ |
| Total General Services and Expenses                   |          | \$ <input type="text"/> | \$ _____ |

Note: An original and a copy of an itemized and appropriately documented "General Services and Expenses Reimbursement Request," together with activity logs for all service providers listed in category 20a, are appended to this form: [Circle: yes / no].

\* See attached "Description of Categories on the Cumulative Hours/Services and Expenses Compensation Form for Automatic Appeals and/or Related State Habeas Corpus/Executive Clemency Proceedings" for the scope and coverage of each category.

**Attorney Fees and  
Services and Expenses**  
(This request only)

**Cumulative Attorney Fees  
and Services and Expenses**  
(Including this request)

20b. Habeas Corpus *Investigation* Services and Expenses

|  |  |  |              |
|--|--|--|--------------|
| (1) Paralegal/Law Clerk Services<br>and Expenses for Habeas<br>Corpus <i>Investigation</i>   | \$ _____   |  | \$ _____     |
| (2) Expenses for Investigator<br>Services  | \$ _____   |  | \$ _____     |
| (3) Expenses for Expert Services   | \$ _____   |  | \$ _____     |
| (4) Other Habeas Corpus<br><i>Investigation</i> Services and<br>Expenses ( <i>specify</i> ): |  |  |              |
| _____  | \$ _____   |  | \$ _____     |
| _____  | \$ _____   |  | \$ _____     |
| <br>Total Habeas Corpus <i>Investigation</i><br>Services and Expenses                        | <br>\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span> |  | <br>\$ _____ |

*Note:* An original and a copy of an itemized and appropriately documented "Habeas Corpus Investigation Services and Expenses Reimbursement Request," together with activity logs for all service providers listed in category 20b, are appended to this form ("fixed fee" counsel need only supply an original): [Circle: yes / no].

21. **TOTAL ATTORNEY FEES AND SERVICES AND EXPENSES** \$  \$ \_\_\_\_\_

**Part 4 Declaration pursuant to Penal Code section 1241**

I, \_\_\_\_\_, was appointed by the Supreme Court of California as lead counsel in the above-entitled matter. The figures set forth in Parts 2-3 above represent the hours and expenses incurred in the discharge of my duties under this appointment.

I have not received, nor have I been promised, any compensation for the above hours and expenses from any other source whatsoever.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at \_\_\_\_\_, California.

Dated: \_\_\_\_\_ [Signed:] \_\_\_\_\_

[OR, if executed outside of California:] I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed at \_\_\_\_\_, \_\_\_\_\_.

Dated: \_\_\_\_\_ [Signed:] \_\_\_\_\_

**Part 5**

**(FOR COURT USE ONLY)**

|                                     | THIS REQUEST   | CUMULATIVE<br>(Including this request) |  |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|--|--|--|
| 22. Allowable Attorney Hours:       | <input type="text" value="."/>   | <input type="text" value="."/>         |  |  |  |  |  |  |  |  |
| 23. Approved Attorney Fees:         | \$ <input type="text" value="."/>  | \$ <input type="text" value="."/>      |  |  |  |  |  |  |  |  |
| 24. Approved Services and Expenses: | \$ <input type="text" value="."/>  | \$ <input type="text" value="."/>      |  |  |  |  |  |  |  |  |
| 25. TOTAL AWARD:                    | \$ <input type="text" value="."/>  | \$ <input type="text" value="."/>      |  |  |  |  |  |  |  |  |
| 26. FORM REVIEWED ON:               | MM      DD      YY<br><table border="1" style="margin-left: auto; margin-right: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |  |
|                                     |  |  |  |  |  |  |  |  |  |  |