

NOTE: Any part of a **Social Security Number** is **Restricted Information** per Md. Rule 16-915(e).



CIRCUIT COURT **DISTRICT COURT OF MARYLAND FOR** _____ City/County

Located at _____ Court Address Case No. _____

SPECIAL OFFICER PETITION FOR LEGAL FEES - PANEL ATTORNEY, CRIMINAL CASE

For payment, the required Special Officer Final Report - Attorney, Criminal Case (CC-DC-JPR-008) is being submitted with this petition, and is adopted by reference.

Defendant _____ Name of Panel Attorney (Type or Print) _____
Firm of Panel Attorney _____
Street/Post Office Address _____
City, State and Zip Code _____
Federal Identification/Social Security Number _____

Court: _____ If other (specify): _____

Charge: _____

I. OUT-OF-COURT PREPARATION:	(hours)	II. COURT APPEARANCES:	(hours)
Interviews with Client	_____	Hearings on Motions	_____
Motions Filed	_____	Pre-Trial Conferences	_____
Discovery	_____	Other Pre-Trial	_____
Suppression	_____	Preliminary Hearing	_____
Dismiss (Specify) _____	_____	Arraignment Plea	_____
_____	_____	Trial	_____
Other (Specify) _____	_____	Sentence Hearing	_____
_____	_____	Other (Specify) _____	_____

TOTAL OUT-OF-COURT HRS.: I. **TOTAL IN-COURT HRS.: II.**

III. EXPENSES: Please submit a separate statement, on letterhead, of any expenses you have incurred, along with appropriate receipts, if available. Yes No

TOTAL EXPENSES: III.

CERTIFICATION: I certify that the hours and expenses above are true and accurate and that compensation has not been received. I also certify that no payment or promise of payment has been requested or accepted for representing the defendant.

Signature of Attorney _____ Attorney Number _____ Date _____
Telephone Number _____ Fax _____ E-mail _____