

CASE NUMBER _____

ATTORNEY/GAL _____

IF CAPITAL OFFENSE CASE, LIST CO-COUNSEL'S NAME HERE: _____

ITEMIZED FEE STATEMENT CONTINUATION SHEET

(OSC# may be entered once if only one attorney incurred fees. Otherwise, list OSC# of all attorneys incurring fees.)

I hereby certify that the following time was expended in representation of the defendant/party represented: