

# DETAIL OF ATTORNEY'S FEES

Claim No \_\_\_\_\_

Employee's Name \_\_\_\_\_

## INSTRUCTIONS FOR PAGE 3

Refer to the Table of Codes at the bottom of page 2. In columns 1 through 6 list:

- . category of service rendered in column 1 (CATEGORY CODES)
- . date of the service provided in column 2
- . person who provided the service in column 3 (ACTOR CODES)
- . action performed in column 4 (ACTION PERFORMED CODES)
- . recipient of the action in column 5 (RECIPIENT CODES)
- . hours requested in column 6

Report time as whole hours and decimal fractions of hours (e.g. 15 minutes = .25 hours). **IF THE TIME REQUESTED EXCEEDS THE GUIDELINES IN RULE 152.4, ATTACH WRITTEN JUSTIFICATION TO PAGE 1 OF THE APPLICATION.** If additional space is required, copy this page and attach to the application. **Indicate in the upper right corner the number of pages for this section (Detail of Attorney's Fees).** After totalling the hours requested, write the total hours requested for each person who provided legal services (ACTOR CODES) in the appropriate box(es) in the Recap section on page 1. Insert the requested hourly rate(s) and calculate the amount(s) requested.

	(1) Category	(2) Date of Service (MM/DD/YY)	(3) Actor	(4) Action	(5) Recipient	(6) Hours Required	(7) Hours Approved (Division Use)
Ex:	CC	01/01/95	A1	DL	C	00:25	00:25
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