

**ALASKA COURT SYSTEM BILLING FORM FOR ATTORNEY FEES
(AND VISITOR FEES IN CONSERVATORSHIP CASES)**

SUBMIT TO: Fiscal Operations, Alaska Court System, 820 West 4th Avenue, Anchorage, AK, 99501

1. Case Name: _____
2. Case Number: _____
3. Name of Attorney or Visitor: _____
Law Firm (if any): _____
Address: _____
Telephone: _____
Federal Tax ID No.: _____
4. Name of Person Represented: _____
5. Date of Appointment: _____
6. Name of Appointing Judge: _____
7. Describe Nature of Case and Other Pertinent Information: _____

8. Services and Expenses: Attach an itemized list of the time spent on this case, including a brief description of each service, date and time spent (in hours and tenths of hours). Also include an itemized list of necessary expenses. List the totals in each of the following three categories:
 - a. Total Time Spent In Open Court: _____
 - b. Total Time Spent Out Of Court: _____
 - c. Itemized Expenses: _____
9. Has compensation and/or reimbursement for work in this case been previously applied for or received? yes no
If yes, how much were you paid? \$ _____
By whom? _____
10. Have you previously billed the Alaska Court System for any of the services or expenses included on this billing form? yes no
If so, what was the date of your billing? _____

The undersigned states: My services in this case have concluded and the facts stated above are true according to my best knowledge and belief.

_____ Date _____ Attorney/Visitor Signature

-----To be completed by administration-----

- Prior approval **NOT** needed.
 Prior approval needed.

Approved. _____ \$ _____
Administrative Officer Date Amount Approved