

COMMITTEE FOR PUBLIC COUNSEL SERVICES
ELECTRONIC REQUEST FOR WAIVER OF EIGHT HOUR DAILY BILLING LIMIT

Instructions: Complete this form and E-mail it to Audit@publiccounsel.net.

Attorney Name: _____ BBO # _____

Address: _____

Email: _____

Telephone # _____ Fax # _____

Date for Which Waiver Is Sought: _____ Total billable hours on Waiver Date: _____

Have you previously submitted any bills that included services performed on the Waiver Date? Yes No

Please list below and on page 2 each non-murder case on which you have submitted or will submit an E-bill for hours worked on the Waiver Date.

1. Client Name: _____ NAC Number: _____ Court and Docket Number(s): _____

Type of Case: _____ Hours Billed or to be Billed for Waiver Date: _____

Description of Services Provided on Waiver Date:

* The Request for Waiver must identify all cases on which services were performed and all hours worked on the Waiver Date. Submit one Request for Waiver for each date on which more than eight billable hours of service were performed. If necessary, use a separate sheet to describe the services performed on the Waiver Date. You must submit the Request for Waiver and receive approval of your waiver request before billing for more than eight hours for the Waiver Date. If your waiver is approved, you will not be compensated for hours in excess of the total hours approved for the requested Waiver Date.

** The approval of your waiver will not exclude that date from any billing or performance audit. Approval, reduction or rejection of a waiver does not constitute an audit of the hours submitted on the waiver date or cases for which services were billed on that date. The Committee reserves the right to examine the cumulative hours charged on the dates for which a waiver was approved and re-examine such bill(s) in the event of a future bill review or audit. Also, please be aware that bills may be reduced if submitted late and/or exceed the Committee's caps on billable hours, etc.

*** Assigned Counsel Manual requires assigned counsel to maintain contemporaneous time records for each case as well as daily log which records all time worked and services performed on each date. Please refer to the section on Time Records in chapter V. Submission of this form to CPCS constitutes certification as provided below.

Attorney Certification: I hereby certify under the pains and penalties of perjury that I have accurately described the services performed and the number of hours billed or to be billed on each case included on this request for a waiver.

[if box is not checked waiver will be denied]

Attorney Name: _____ Date: _____

Waiver Date Approved:	Total Hours Approved:	Waiver Denied/Allowed:	Date of Decision:

3. Client Name: _____ NAC Number: _____ Court and Docket Number(s): _____

Type of Case: _____ Hours Billed or to be Billed for Waiver Date: _____

Description of Services Provided on Waiver Date:

4. Client Name: _____ NAC Number: _____ Court and Docket Number(s): _____

Type of Case: _____ Hours Billed or to be Billed for Waiver Date: _____

Description of Services Provided on Waiver Date:

5. Client Name: _____ NAC Number: _____ Court and Docket Number(s): _____

Type of Case: _____ Hours Billed or to be Billed for Waiver Date: _____

Description of Services Provided on Waiver Date:

6. Client Name: _____ NAC Number: _____ Court and Docket Number(s): _____

Type of Case: _____ Hours Billed or to be Billed for Waiver Date: _____

Description of Services Provided on Waiver Date:

7. Client Name: _____ NAC Number: _____ Court and Docket Number(s): _____

Type of Case: _____ Hours Billed or to be Billed for Waiver Date: _____

Description of Services Provided on Waiver Date:
