

**TITLE 36 MENTAL HEALTH CONTRACT**  
**Attorney Payment Request**

MH Number: \_\_\_\_\_ Judge: \_\_\_\_\_

Client: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

Name: \_\_\_\_\_ Pima Attorney No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**F E E S**

BASE FEE (regular assignment) (\$125)      \$ \_\_\_\_\_

Judicial Review (no hearing) @ \$62.50      \$ \_\_\_\_\_

Judicial Review (w/ hearing) \$125      \$ \_\_\_\_\_

ASH Hearing \_\_\_\_\_ hrs @ \$50/hr      \$ \_\_\_\_\_  
(Not to exceed \$150 / attach affidavit of all hours)

Other rep. (specify): \_\_\_\_\_  
\_\_\_\_\_ hrs. @ \$50/hr. to \$500      \$ \_\_\_\_\_

(Attach affidavit of all hours and OCAC or court approval if over \$500)

**TOTAL FEES      \$ \_\_\_\_\_**

The statements in the above schedule are true. No compensation for the services described has been received. An accurate itemization of the time and expenses is attached.

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Date

*For OCAC use only (Revised 03/28/11)*

Approved: \_\_\_\_\_ Date: \_\_\_\_\_