

IN THE CIRCUIT COURT OF THE
____ JUDICIAL CIRCUIT IN AND
FOR _____ COUNTY, FLORIDA

STATE OF FLORIDA,

Plaintiff

CASE NO.:

v.

JOHN DOE,

Defendant.

JUDGE:

_____ /

MOTION FOR ATTORNEY'S FEES, COSTS
OR RELATED EXPENSES

COMES NOW, [court-appointed attorney name], as the private court-appointed attorney in the above-entitled cause, and files this Motion for Attorney's Fees, Costs or Related Expenses pursuant to section 27.5304, F.S., and in support thereof, states as follows:

1. The undersigned attorney was appointed to represent _____ [client's name] on _____ [date] _____. (A copy of the order of appointment is annexed hereto.)¹
2. The undersigned is now billing on this cause because (a) the case has reached final disposition; or (b) billing is permitted as the following specified duties have been performed _____; or (c) the case is still pending but legal services have been provided by the undersigned for more than one year.
3. A copy of the annexed billing in the amount of \$ _____ for attorney's fees and \$ _____ for due process costs paid by the undersigned and \$ _____ for expenses was sent to the Justice Administrative Commission (JAC) and the JAC response to the billing was objection/no objection and a hearing is/is not requested.¹
4. The billing submitted by the undersigned for payment by the State of Florida is true, accurate, reasonable and necessary and (a) is within the fee limits of the statutes and judicial circuit; or (b) exceeds the statutory and

¹ Referenced documentation supplied to the court, as required, need not be resubmitted to JAC.

judicial circuit limits but is appropriate in this case as this case is extraordinary and unusual.

WHEREFORE, it is respectfully requested that the Court enter an order approving in the amount of \$_____ for attorney's fees and \$_____ for due process costs paid by the undersigned and \$_____ for expenses and directing that the undersigned be compensated by the State of Florida, Justice Administrative Commission, and for such other and further relief as this Court deems just and equitable.

Attorney
Florida Bar No.:

I HEREBY CERTIFY that a true and correct copy of the foregoing Motion for Attorney's Fees, Costs or Related Expenses has been served by U.S. Mail to the Justice Administrative Commission, P.O. Box 1654, Tallahassee, FL 32302 and/or by facsimile to the Justice Administrative Commission (850) 488-8944 on this _____ day of _____, 200__.

Attorney
Attorney Address
Attorney Telephone
Florida Bar No.: