ATTORNEY_____ **CASE NO.** _____

ITEMIZED FEE STATEMENT CONTINUATION SHEET

DATE OF SERVICE	OUT- OF-COURT TOTAL	IN-COURT			DAILY TOTAL	DATE OF SERVICE *(continued)*	OUT- OF-COURT TOTAL	IN-COURT			DAILY TOTAL
		PRE-TRIAL HEARINGS	ALL OTHER IN-COURT	IN-COURT TOTAL				PRE-TRIAL HEARINGS	ALL OTHER IN-COURT	IN-COURT TOTAL	