

PROMISSORY NOTE

I, _____, do hereby acknowledge and promise to pay PUBLIC DEFENDER LEGAL SERVICE CONTRIBUTIONS the sum of \$_____ for legal services provided by the Missouri State Public Defender System regarding Case No. _____ in the County of _____ in the State of Missouri, or _____ District, Court of Appeals, or Missouri Supreme Court.

By signing this promissory note, I state that I understand the terms set forth in this contract and my future obligation to honor and make payment of this promissory note.

Client's Signature Date

Print Client's Name _____

Address _____

City State Zip Code

Social Security Number _____ - _____ - _____

Date of Birth ____/____/____

Public Defender Signature Date

District _____

Payments should be mailed to the following address:

Legal Service Contributions
Lock Box
P.O. Box 10282
Columbia, MO 65205-9825

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FEE SCHEDULE

<u>Case Type</u>	<u>Early Disposition</u>	<u>Trial Court Level</u>	<u>Appeal</u>
Direct Appeal	\$25.00-\$500.00	-----	\$500.00
24.035	\$25.00-\$250.00	\$250.00	\$250.00
29.15	\$25.00-\$500.00	\$500.00	\$500.00
Capital PCR	\$100.00-\$5,000.00	\$5,000.00	\$5,000.00
Other	\$25.00-\$500.00	\$25.00-\$500.00	\$25.00-\$500.00

WHILE YOUR INMATE TREASURY ACCOUNT WILL NOT BE CHARGED TO SATISFY THIS DEBT, WHEN YOU ARE RELEASED AND WORK, YOUR INCOME TAX REFUND MAY BE INTERCEPTED TO SATISFY THIS DEBT.