APPELLANT'S NAME: _____ **CASE NUMBER:** _____

ATTORNEY'S NAME: _____

ATTACHMENT: UNBRIEFED ISSUES

DESCRIPTION OF UNBRIEFED ISSUE(S)	*TIME SPENT* (subtotal)

Total Hours (in tenths) for unbriefed issues) 0.0
(Please include this total in the space provided under item #7 of the claim)

(ADI Claim Attachment 1)
(Rev. 9/92)