

Assigned Counsel Expenditure Request Form

Submit completed form to: CMartin438@aol.com

<input type="checkbox"/>	State v.	Unit	Docket No.
<input type="checkbox"/>	In re	Division	

Having been assigned Counsel for the above-named (Defendant) (Juvenile) (Mother of Juvenile) (Father of Juvenile) (Other-please specify type: _____) in a case charging the (crime) (allegation) of:

Felony Misdemeanor Juvenile Other

Request for approval for (include name and address of service provider, if applicable):

PROVIDER NAME
Firm
Mailing Address
City, State, Zip Code
Telephone Number
Email Address

Person being evaluated (if an evaluation is being requested):

Hours Requested:

Hourly Rate:

TOTAL:

Justification:

ATTORNEY NAME
Firm
Mailing Address
City, State, Zip Code
Telephone Number
Email Address

ACTION OF ASSIGNED COUNSEL COORDINATOR

Comments

Request Approved

Request Denied

As Modified

Assigned Counsel Coordinator

Date