

Date of Request:

# 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):

|                       |
|-----------------------|
| <b>PROVIDER NAME</b>  |
| 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:

|                       |
|-----------------------|
| <b>ATTORNEY NAME</b>  |
| 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 |
|------------------------------|------|