

# REQUEST FOR PRE-AUTHORIZATION OF POST-CONVICTION SERVICES

Forms not completely filled out will be returned without approval.

Appointed Attorney: \_\_\_\_\_

Client Name: \_\_\_\_\_

Email: \_\_\_\_\_

(If juvenile, first initial and last name)

Court of Jurisdiction: \_\_\_\_\_

Case No.: \_\_\_\_\_

County: \_\_\_\_\_

LegalServer Case ID: \_\_\_\_\_

Charge(s): \_\_\_\_\_

**Service Provider:**

Investigator

Expert

Mitigation Specialist

Other (describe): \_\_\_\_\_

Provider Name: \_\_\_\_\_

Tax ID No.: \_\_\_\_\_

License No.: \_\_\_\_\_

Field of Expertise: \_\_\_\_\_

Hourly Rate: \$ \_\_\_\_\_ Hours Requested: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Explain the reason for the request and why the entity named above is the appropriate provider.

Has this provider previously rendered this type of service in this case?  No  Yes

If you answered "yes," has this provider previously been pre-authorized for this type of work in this case?

No  Yes, in the amount of \$ \_\_\_\_\_

**STATEMENT MADE UNDER OATH**

I hereby certify the following: this preauthorization is for a case in which the undersigned was court-appointed; the information above is true and accurate; and the request is just and reasonable.

\_\_\_\_\_

Appointed Attorney Date

**APPROVAL STATUS**  
(To be completed by the Department)

The Department has

- not approved this request – OR –
- approved the request in an amount not to exceed \$\_\_\_\_\_ (Any request for payment in excess of this amount may be denied unless additional pre-authorization is first sought and approved.)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_