

REQUEST FOR PRE-AUTHORIZATION OF INDIGENT DEFENSE 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.: _____
Charge(s): _____ LegalServer Case ID: _____

Funding Source (select only one):

For postconviction habeas cases, please use the request for pre-authorization of post-conviction services.

State Prison Case County (name): _____ Muni (name): _____

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" above:

(a) Did you first exhaust the availability of funds that did not, pursuant to the relevant county plan, require pre-authorization?

No Yes, in the amount of \$ _____

(b) 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 pre-authorization is being sought for the provision of indigent defense services; the information above is true and accurate; and the request is reasonably necessary.

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: _____