

Request for ADDITIONAL ATTORNEY
Incomplete forms may be returned without approval.

Appointed Attorney: _____

Date: _____

Phone: _____

Client Name: _____

Email: _____

Case No.: _____

Court of Jurisdiction: _____

Legal Server Case ID: _____

Charge(s): _____

Is this a Death Penalty case? ☐ Yes ☐ No

FUNDING SOURCE (Select One)

☐ State Prison Case
NRS 212.070(1)

☐ Post-Conviction Habeas
NRS 37.750(2)

☐ County:

☐ Muni:

List the stage(s) of the proceedings for which you are requesting an additional attorney:

Provide a brief rendition of the facts and theory of the case, and state why an additional attorney is needed. (Attach additional pages if necessary.)

STATEMENT MADE UNDER OATH

I hereby certify the following: the information above is true and accurate, the services are for the purposes of indigent defense, and the request is reasonably necessary.

Appointed Attorney

Date

APPROVAL STATUS

(To be completed by the Department)

The Department has reviewed this request and ☐ denies ☐ approves

the request for a second attorney during the following phase(s):

☐ pre-trial

☐ trial

☐ other (specify): _____.

Reviewed by _____ Date: _____