

REQUEST FOR PRE-AUTHORIZATION OF DEFENSE SERVICES

Attorney: _____
Defendant Name: _____
(If juvenile, then first initial and last name)
Court of Jurisdiction _____
Funding Source: _____

Date: _____
E-Mail: _____
Case No.: _____
Charge: _____

INVESTIGATOR

EXPERT

MITIGATION SPECIALISTS

OTHER. Please describe: _____

Name: _____ Tax ID No.: _____

License No.: _____

Field of Expertise: _____

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

Explain Reason for Request:

APPROVAL STATUS

To be completed by Churchill Appointed Counsel Program Administrator

CACPA has: approved an amount not to exceed \$ _____; not approved this request.

Reviewed by _____ Date _____