

**CARSON CITY REQUEST FOR PRE-AUTHORIZATION OF
INDIGENT DEFENSE SERVICES OVER \$1,000**

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 Carson City

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

Reviewed by _____ Date _____

Please email completed request to Didspayments@carson.org or call 775-283-7125 for additional assistance.