

**Request for PRE-AUTHORIZATION
of Indigent DEFENSE Services**
(Do not use this form for PRISON cases.)
Incomplete forms may be returned without approval.

Today's Date: _____

Client Name: _____

Appointed Attorney: _____

Case No(s): _____

Phone: _____

LegalServer Case ID: _____

Email: _____

Court of Jurisdiction: _____

Charge(s): _____

Funding Source: _____

PROVIDER INFORMATION

Attach a CV and rate sheet or quote.

Provider Type: _____

License No.: _____

Provider Name: _____

Field of Expertise: _____

Rate: \$ _____ / _____. Units Requested: _____

Total Requested: \$ _____

Explain what the services are, why they are reasonably necessary, and why this is the appropriate provider.

Has this provider previously rendered this type of service in this case?

Have you used funds that did not, per the county plan, require pre-authorization?

Has this provider previously been pre-authorized for this type of work in this case?

STATEMENT MADE UNDER OATH

I hereby certify the following: this pre-authorization is being sought solely for the provision of indigent defense; the information above is true and accurate; the service is reasonably necessary; and the service is not court-ordered.

Appointed Attorney Signature

Date

APPROVAL STATUS

(To be completed by the Department)

The Department has reviewed this request and

☐ denies this request – **OR** –

☐ approves the request in an amount not to exceed \$ _____. (Any request for payment over this amount may be denied unless additional pre-authorization is first sought and approved.)

Reviewed by _____

Date: _____