

REQUEST FOR ADDITIONAL ATTORNEY

Department of Indigent Defense

Attorney _____

Date _____

Phone No. _____

Fax No./E-Mail _____ / _____

Defendant Name _____

Case Number _____

Charges _____

Dept Number _____

Please include a synopsis of the charges, a rendition of the facts, the theory of the case, and why an additional attorney is necessary.

DIDS APPROVAL

To be completed by DIDS

DIDS has reviewed this request and has _____ approved _____ not approved
a second attorney during _____ pre-trial _____ during trial

Reviewed by _____ Date _____