

REQUEST FOR ADDITIONAL ATTORNEY

Churchill Court Appointed Program Administrator

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.

CACPA APPROVAL

To be completed by Churchill Appointed Counsel Program Administrator

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

Reviewed by _____ Date _____