

# 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 DIDS

DIDS has:  approved an amount not to exceed \$ \_\_\_\_\_;  not approved this request.

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_