

**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 [DIDSPayment@carson.org](mailto:DIDSPayment@carson.org) or call 775-283-7125 for additional assistance.