

ALL REQUESTS FOR EXPENSES MUST BE MADE IN WRITING AND APPROVED BEFORE THE EXPENSE IS INCURRED. ONLY THE AMOUNT APPROVED WILL BE PAID.



Other Ancillary Service Providers Expense Request & Authorization

Attorney: _____ **Client's Name:** _____

Case # _____ **Class:** _____ **PFN:** _____

Relevant Pending Charges _____

Facts of the case:

What is the defense this work will help develop? Be sure to explain how this work has the potential to develop admissible evidence that will support a defense and/or mitigation.

Name of Service Provider _____ **Total \$ Requested:** _____
Requests \$75 or less do not require prior approval

Services Requested: Expert Transcription Photocopies Other Services: _____

Itemize the Services Needed	(\$ Rate	Qty	Total
TOTALS			

Experts: Rule of reason per hour. Please continue to ask for "indigent rate" include the expert's CV and a quote from the expert describing the services they will provide. **Transcription:** \$25/hr. or \$2/minute of talk time; in request, note the talk time and the transcriptionist's rate. **Photocopies:** specify the number of pages and the cost per page
Other Services: specify the services and provide as much detail as possible to help the Program evaluate the requested amount.

ATTORNEY SIGNATURE: _____ **DATE:** _____

(For CAAP Use Only)

Authorization # _____ **Total # Authorized:** _____

Notes:

Date: _____

Authorized Signature: _____