

SPECIFICATION FOR REQUESTED **ATTORNEY FEES**

Office of Court Appointed Counsel 33 N. Stone Ave. 19th Floor, Suite 1905 Tucson, AZ. 85701
Fax: 520-724-4466

(*This document is confidential and will be used for the sole purpose of determining the **NEED AND REASONABLENESS** of fees & assessments)

Name of Attorney: _____ Request Date _____

Attorney Phone: _____ Return Fax No. _____

Email: _____ Appointment Date: _____

Defendant: _____ Case Number _____

Custody Status _____ Is Defendant a Spanish speaker _____

Class & Charge Description _____ Judge/Div _____

Class & Charge Description _____

Felony FD Murder Death Penalty Juvenile Misdemeanor Appeal Rule 32

If Rule 32: From COP _____ Trial (# of days) _____

Have you requested a Settlement Conference? _____

Present Case Status _____

Are there co-defendants? If so, how many? _____

No. of Hours Requested _____ Request No. _____

Please provide brief factual synopsis of your case to allow us to evaluate your need.

Describe the work that **needs to be performed** and the **reason** the performance of this work will help in the defense of your case.

Attorney Signature Date

Approved Denied

Office of Court-Appointed Counsel

Special Conditions: _____

A copy of this form must accompany any billing pursuant to this matter. All new vendors must register with Pima County at <https://vendor.pima.gov/webapp/VSSPROD1/Advantage>. Call (520) 724-3021 or (520) 724-8465 for assistance with registration.