REQUEST FOR EXTRAORDINARY FEES AND/OR EXPENDITURES

Office of Court Appointed Counsel
130 W. Congress, 2nd Floor
Tucson, AZ. 85701
Fax: 520-243-4466

Name of Attorney: _____ Request Date _____

Attorney Phone: _____ Return Fax No. _____

Defendant: _____ Case Number _____

Class & Charge _____ Judge/Div _____

Class & Charge _____

☐Group A ☐Group B ☐FD Murder ☐Death Penalty ☐Other _____

No. of Hours/Rate _____Request No. _____Request Type _____ (i.e. expert, transcriber, court reporter, additional time, copies)

Requested Vendor _____ Tax ID No. _____

Rationale for Request _____

_____

_____

_____

_____

_____
Attorney Signature Date

☐ Approved ☐ Denied

_____
Office of Court-Appointed Counsel

Special Conditions: _____

_____

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A copy of this form <u>must</u> accompany any billing pursuant to this matter. A W-9 form must accompany bill for all vendors not established with OCAC

Revised 09/18/06