

SPECIFICATION FOR REQUESTED **ATTORNEY** FEES

Office of Court Appointed Counsel

33 N. Stone Ave. Tucson, AZ. 85701

Email: OCAC_Service_Request@pima.gov 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 _____ How many co-defendants are there? _____

No. of Hours Requested _____ Request # _____

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://vendors.pima.gov/webapp/VSSPROD1/AltSelfService>. Call (520) 724-8465 for assistance with registration.