

MOTION, ENTRY, AND CERTIFICATION FOR APPOINTED COUNSEL FEES

In the _____ Court of _____, Ohio

Plaintiff: _____ Case No. _____

Appellate Case No. (if app.) _____

v. _____

Defendant/Party Represented _____

- Capital Offense Case (check if Capital Offense case)
 Guardian Ad Litem (check if appointed as GAL)

In re: _____ Judge: _____

MOTION FOR APPROVAL OF PAYMENT OF APPOINTED COUNSEL FEES AND EXPENSES

The undersigned having been appointed counsel for the party represented moves this Court for an order approving payment of fees and expenses as indicated in the itemized statement herein. I certify that I have received no compensation in connection with providing representation in this case other than that described in this motion or which has been approved by the Court in a previous motion, nor have any fees and expenses in this motion been duplicated on any other motion. I, or an attorney under my supervision, have performed all legal services itemized in this motion.

Periodic Billing (check if this is a periodic bill)

As attorney/guardian ad litem of record, I was appointed on _____, _____. This case terminated and/or was disposed of on _____, _____. I am submitting this application on _____, _____.

Name _____ Signature _____

Address _____
No. and Street City State Zip OSC Reg. No. _____

SUMMARY OF CHARGES, HOURS, EXPENSES, AND BILLING

OFFENSE/CHARGE/MATTER <small>List only the three most serious charges</small>	ORC/CITY CODE	DEGREE	DISPOSITION
1.)			
2.)			
3.)			

Grand Total Hours and Expenses

Flat Fee Hrs:In _____ X Rate _____ = \$ _____
 Min Fee Hrs:Out _____ X Rate _____ = \$ _____

Travel Expenses \$ _____
 All Other Expenses \$ _____
 Counsel Fees \$ _____
 Grand Total \$ _____

JUDGMENT ENTRY

The Court finds that counsel performed the legal services set forth on the itemized statement on the reverse hereof, and that the fees and expenses set forth on this statement are reasonable, and are in accordance with the resolution of the Board of County Commissioners of _____ County, Ohio relating to payment of appointed counsel, that all rules and standards of the Ohio Public Defender Commission and State Public Defender have been met.

IT IS THEREFORE ORDERED that counsel fees and expenses be, and are hereby approved, in the amount of \$ _____. It is further ordered that the said amount be, and hereby is, certified by the Court to the County Auditor for payment.

Extraordinary fees granted (copy of journal entry attached) Fees at or below cap have been reduced/denied (copy of journal entry attached)

Judge _____
Signature Date

CERTIFICATION

The County Auditor, in executing this certification, attests to the accuracy of the figures contained herein. A subsequent audit by the Ohio Public Defender Commission and/or Auditor of the State which reveals unallowable or excessive costs may result in future adjustments against reimbursement or repayment of audit exceptions to the Ohio Public Defender Commission.

County Number _____ Warrant Number _____ Warrant Date _____

County Auditor _____

WARREN COUNTY AUDITOR

406 JUSTICE DRIVE, LEBANON, OHIO 45036



MATT NOLAN
AUDITOR
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(513) 695-1235
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Indigent Attorney Social Security / Tax Identification Number Verification Form

This form is **required if an attorney does not provide a SSN/Tax ID** on the Motion, Entry, and Certification for Appointed Counsel Fees form.

Attorney Name: _____

Address: _____

Firm Name: _____
(If applicable)

SSN/Tax ID: _____

This is the identification number where payment for services should be reported. (Example: Individual Social Security Number or Tax Identification number of the firm where you work)

I hereby certify that the payment for services provided should be reported under the above SSN/Tax ID number for case # _____.

(Attorney Signature)

(Date)