

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

| | | | |
|-----------------------------------|---------------------------------------|--------------------|----------|
| <input type="checkbox"/> Flat Fee | Hrs:In _____ X Rate _____ = \$ _____ | Travel Expenses | \$ _____ |
| <input type="checkbox"/> Min Fee | Hrs:Out _____ X Rate _____ = \$ _____ | 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 _____

