



# Office of the Ohio Public Defender

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**STANDARDS AND GUIDELINES  
FOR APPOINTED COUNSEL REIMBURSEMENT**  
Revised November 2019

**STATE MAXIMUM FEE SCHEDULE  
FOR APPOINTED COUNSEL REIMBURSEMENT**  
Revised January 2019

**COUNTY PUBLIC DEFENDER OFFICE  
REIMBURSEMENT STANDARDS**  
Revised November 2019

**STATE PUBLIC DEFENDER BILLING, PAYMENT,  
AND REIMBURSEMENT**  
Revised November 2019

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## SECTION I

### STANDARDS AND GUIDELINES FOR APPOINTED COUNSEL REIMBURSEMENT

#### A. General procedures and responsibilities

##### 1. Office of the Ohio Public Defender

The Office of the Ohio Public Defender (OPD) reimburses counties for their appointed counsel costs. After the county pays appointed counsel, the county may send the completed forms to the OPD. The OPD then audits each submission to ensure compliance with the OPD Standards and Guidelines and State Maximum Fee Schedule for Appointed Counsel Reimbursement, calculates the allowable total cost for appointed counsel for that month, and issues reimbursement pursuant to [R.C. 120.33](#), [R.C. 120.34](#), and [R.C. 120.35](#).

##### 2. County responsibilities

Counties are responsible for paying attorneys and guardians ad litem for appointed counsel services. The county auditor issues payment to the attorney or guardian ad litem after they have submitted the appropriate forms to the court, and the court has approved payment of requested fees and expenses. After paying these fees and expenses, the county may seek reimbursement of the same from the OPD.

To receive reimbursement, the county must ensure all necessary materials are correctly completed and submitted in ascending numerical order by county warrant number to the OPD within the allowable time limits. Each monthly submission must be accompanied by the completed and signed [Monthly Assigned Counsel Summary Report](#). The amounts reported on this sheet should only include the county's appointed counsel services paid in that month, including expert and transcript expenses. Because the county is responsible for obtaining reimbursement from the State, and must comply with these standards in doing so, the county may make local standards governing the appointed counsel fee billing and payment process. These local standards are intended to increase individual compliance with all State-imposed standards and to ensure that payments made by the county will qualify for reimbursement from the OPD.

##### 3. Court responsibilities

Courts are responsible for determining indigency and appointing counsel and/or guardians ad litem on a case-by-case basis to represent indigent persons who qualify for representation. Courts are also responsible for approving fees and expenses requested by appointed counsel or guardians ad litem.

##### 4. Attorney/guardian ad litem responsibilities

In order for a county to receive reimbursement, an attorney or guardian ad litem must correctly complete the form(s) prescribed pursuant to [section \(E\)](#) of these standards for each case for which they were appointed, and submit the form(s) to the court for approval. The appendices to this document include instructions for completing the necessary forms.

B. Determination of indigency and the [Financial Disclosure form \(OPD 206R\)](#)

1. An applicant's indigency or eligibility for a recoupment, contribution, or partial payment program shall be determined by the courts. The court shall require the applicant to complete a [Financial Disclosure form \(OPD-206R\)](#), and shall follow rules promulgated by the Ohio Public Defender Commission pursuant to [R.C. 120.03\(B\)\(1\)](#).
2. Pursuant to [OAC 120-1-03](#), in determining indigency, the court shall use the form prescribed by the OPD: [Financial Disclosure form \(OPD-206R\)](#). See [section \(E\)](#). Pursuant to [R.C. 120.33\(A\)\(4\)](#), each request for reimbursement must be accompanied by this form, or a county version of the form developed and approved by OPD pursuant to [OAC 120-1-03](#), or the OPD may not pay the requested reimbursement.
3. In cases where the applicant is unable to complete and sign the financial disclosure form, the form may be completed and signed by a parent, a person in loco parentis, a guardian ad litem, or the judge or magistrate hearing the case may complete and sign the certification section in lieu of the applicant's signature on the affidavit. Magistrates who certify the form are to include their title under their signature.
4. No applicant shall be denied counsel based on the financial status of a member of the applicant's household when that household member has no legal duty to support the applicant, or when that household member refuses to provide or pay for counsel.
5. An applicant is presumed indigent and thus entitled to the appointment of counsel at State expense under the circumstances enumerated in [OAC 120-1-03\(B\)\(1\)-\(4\)](#), including:
  - a. The applicant currently receives poverty-based public assistance such as Federal Supplemental Security Income, Ohio Works First, Temporary Assistance to Needy Families, Medicaid, Aid to Families with Dependent Children, Supplemental Nutrition Assistance Program, Refugee Cash Assistance, Refugee Medical Assistance, Poverty-Related Veterans' Benefits, or other poverty-based governmental assistance.
  - b. The applicant, at the time of application, has been committed to a public mental health facility.
  - c. The applicant, at the time of application, is incarcerated in a State penitentiary.
  - d. The applicant is a child as defined in [R.C. 2151.011\(B\)\(6\)](#) or [R.C. 2152.02\(C\)](#). In determining the eligibility of a child for appointed counsel, the income of the child's parent, guardian, or custodian shall not be considered.

C. Reimbursement, recoupment, contribution, partial payment, and marginally indigent programs

Pursuant to [OAC 120-1-05](#), counties may adopt recoupment, contribution, partial payment, marginally indigent, and other programs. Counties may appoint counsel for persons with incomes between 125 percent and 187.5 percent of the poverty threshold. Reimbursement in cases where the client qualifies for such programs will be made only if the county has an approved, up-to-date program on file with the OPD pursuant to [OAC 120-1-03\(J\)](#). The OPD will make reimbursement only for the portion of the costs of representation paid by the county.

D. Persons becoming indigent during their cases

Reimbursement will be made for persons who were initially determined to not be indigent, but during the course of their case, become indigent or eligible for a reimbursement, recoupment, contribution or partial payment program subject to the provisions of [section \(B\)\(1-3\)](#) of these standards.

Reimbursement is limited to those costs paid by the county for the period of time when the applicant was determined to be indigent.

E. Prescribed forms

1. To receive reimbursement, counties must properly complete and submit the prescribed form to the OPD. The prescribed forms are:

<u>Activity/Case Type</u>	<u>Form</u>
All common pleas, municipal, appeals, juvenile, domestic relations, and county courts	<a href="#">Motion, Entry, and Certification for Appointed Counsel Fees form (OPD-1026R)</a> and <a href="#">Itemized Fee Statement Continuation sheet (OPD-1027R)</a> , if needed
Supreme Court of Ohio	<a href="#">Supreme Court of Ohio Motion, Entry, and Certification for Appointed Counsel Fees form (OPD-E-1031)</a>
Transcript expenses	<a href="#">Clerk's/Auditor's Transcript Fee for an Indigent Defendant form (OPD-E-205)</a>
Experts paid directly by the court	<a href="#">Request for Court-Paid Experts and/or Expenses form (OPD-209)</a>
Financial disclosure	<a href="#">Financial Disclosure form (OPD-206R)</a> (Required in all cases)
Assigned counsel	<a href="#">Monthly Assigned Counsel Summary Report</a>

Copies of and instructions for completing each form are included in the appendices of these standards.

2. Forms submitted must be originals or photocopies prescribed by the OPD, or be produced using the software issued by the OPD. Photocopies submitted in lieu of original forms must meet the following requirements:
  - a. All pages of the form must be included and must be in the proper numerical order.
  - b. Copies must be of good quality, be of original size, (not reduced on a copy machine) and be made on 8½" x 11" paper.
3. All forms for reimbursement must be fully and properly completed. Forms that are incomplete or are completed improperly will be denied for reimbursement in whole or in part, to the county.
4. The OPD has available free software that will produce the [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#) and [Itemized Fee Statement Continuation sheet \(OPD-1027R\)](#). A copy of the software is available on the OPD website at [opd.ohio.gov](http://opd.ohio.gov), under the Reimbursement tab.

F. Itemization of attorney hours/time logs

1. The itemization of hours spent in-court and out-of-court by the attorney is required on every [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#) submitted. Hours must be itemized on all forms in tenth-of-an-hour (six-minute) increments. Billing for time worked by the attorney's support staff (secretary/administrative assistant) will not be reimbursed by the OPD.

2. Attorneys are also required to prepare and maintain time records for each appointed case showing the date of service, nature of services rendered, and hours worked. These records should not be turned in with the billing, but may be requested in the event that the court or the OPD has questions about the billing. Such records should be kept by the attorney for a minimum of five years from the date the related [Motion, Entry and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#) was submitted to the court.

G. Judge's signature

1. All [Motion, Entry, and Certification for Appointed Counsel Fees forms \(OPD-1026R\)](#) must be signed by the judge hearing the case for which the reimbursement request is being made. The OPD has discretion to allow the signing of the form by the administrative judge for a particular case in the event the judge hearing the case is unavailable to sign, when the judge is a visiting judge, or for other acceptable reasons approved by the OPD.
2. In appellate proceedings, the signature of one or more of the appellate judges hearing the appeal must appear on the [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#).

H. Attorney fees

1. Maximum fees

- a. Except in cases involving extraordinary fees, reimbursement for attorney fees is limited to the maximums established by the OPD pursuant to [R.C. 120.04\(B\)\(8\)](#). Such maximums are promulgated in the OPD State Maximum Fee Schedule for Appointed Counsel Reimbursement. See [section \(II\)](#). The actual fees paid to the attorney by the county are determined by each board of county commissioners pursuant to [R.C. 120.33](#). If maximum allowable fees under a county's fee schedule are lower than the State's maximum, reimbursement shall be made based on the county's maximum.
- b. In cases involving extraordinary fees, the standards outlined in [section \(H\)\(2\)](#) must be followed before reimbursement will be made.

2. Extraordinary fees

- a. Cases eligible for extraordinary fees are ones which, because of extraordinarily complex issues, multiple offenses, lengthy trials, or other reasons, warrant compensation at a rate which exceeds the maximums established by a county or the OPD. Reimbursement to the county for extraordinary fees is subject to the following requirements:
- b. Counties must provide for extraordinary fees in their fee resolution adopted pursuant to [R.C. 120.33\(A\)\(3\)](#).
- c. If a court grants an extraordinary fee, a journal entry approving the extraordinary fee must be attached to the [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD1026R\)](#) (see [OAC 120-1-15\(B\)\(2\)](#)), and the Extraordinary Fees Granted box in the Judgment Entry section on the front of the form must be marked.

3. Reduced or Denied Fees

- a. If a court reduces or denies a legal fee that is at or below the applicable portion of the county fee schedule, a journal entry stating the reason for the reduction or denial must be attached to the [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD1026R\)](#) (see [OAC 120-1-15\(B\)\(1\)](#)).

I. Multiple charges, counts, and co-defendants

1. An appointed counsel is entitled to one fee when one complete proceeding or trial is held in one court (e.g. municipal, common pleas, juvenile, etc.) for a single client on charges or counts arising out of a single incident or a series of related incidents.
2. In cases involving multiple charges where only one fee is payable, the fee maximum shall be based on the highest degree of offense charged.
3. An attorney representing multiple clients who are charged with conduct arising out of a single incident shall submit only one [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#) for the case. The attorney shall list all clients and their respective case numbers on one [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#).
4. Time billed on one [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#) cannot be billed on any other form for which payment or reimbursement is being requested.
5. When one client is charged with multiple offenses that are dealt with simultaneously, the attorney shall submit only one [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#). The maximum fee shall be based on the highest degree of offense charged.
6. In juvenile court cases involving multiple parties, regardless of whether the attorney represented the children, parents, or other parties in an abuse, dependency, neglect, custody, non-support contempt, or visitation contempt action, the attorney shall list all children and their respective case numbers on one [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#).

J. Juvenile court

1. Reimbursement will be made for attorneys appointed to represent juveniles or adults, or for attorneys who are appointed as guardian ad litem in juvenile courts.
2. In abuse, dependency, and neglect cases, the attorney may bill up to the maximum fee allowed by the county for the initial dispositional hearing and each subsequent annual review hearing before the court. Such billings are not considered "periodic billings" pursuant to [section \(S\)](#) of these standards.
3. The OPD does not reimburse for the cost of providing non-attorneys as guardians ad litem.
4. Whenever a guardian ad litem determines that legal work needs to be done on behalf of the child, the guardian ad litem should ask the court to appoint an attorney to represent the child's wishes and/or legal interests, and to file motions on the child's behalf. The attorney appointed to represent the child is entitled to bill for this kind of appointment in the same manner as for any other abuse, dependency, or neglect cases.

K. Domestic relations court

In domestic relations court, reimbursement will only be made in cases involving contempt, and where such requests are in compliance with all other provisions of these standards.

L. Municipal or county court

1. Reimbursement will be made for representation in municipal or county courts for any violations of the Ohio Revised Code, where such violations involve a potential loss of liberty. Reimbursement for violations of municipal or village ordinances will be made only when such violations involve a

potential loss of liberty, and where the municipality or village has contracted with the county commissioners of that county for such representation pursuant to [R.C. 120.33\(A\)\(4\)](#).

2. No reimbursement will be made for municipal or village ordinance cases unless the pertinent contract between the municipality or village and the county commissioners has been approved by the OPD pursuant to [OAC 120-1-09](#). No retroactive payments on municipal contracts will be made by the OPD.

M. Capital offense cases

1. Reimbursement for capital offense cases will be made pursuant to [R.C. 120.33\(D\)](#).
2. Reimbursement in capital offense cases will not be made unless the attorneys appointed were certified as qualified by Supreme Court Rules for Appointment of Counsel in Capital Cases. This also applies to the role of the attorney and the level of the case for which reimbursement is being requested (e.g., lead counsel must be lead counsel certified, appellate counsel must be appellate counsel certified, etc.). If a waiver was granted, copy of the waiver must accompany the [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\) form](#). Attorneys must qualify pursuant to [OAC 120-1-10](#).

N. Minor misdemeanors

Reimbursement will be made for minor misdemeanors when the minor misdemeanor is among two or more charges tracking through court at the same time for which one of the other charges carries the possibility of jail time. Otherwise, no reimbursement will be made for representation in minor misdemeanor cases without prior written approval from the OPD. Approval for reimbursement may be granted only when such cases involve a substantial constitutional question or area of public or great general interest.

O. Change in appointed attorney(s)

In the event that one attorney withdraws or is removed from a case, the newly appointed attorney may bill up to the maximum for that particular proceeding.

P. Reimbursement of expenses

1. General rules for reimbursement of expenses

The OPD will provide reimbursement of certain expenses reasonably related and necessary to the defense of an indigent client. These expenses include travel, transcripts, expert services, and certain other miscellaneous expenses. All reimbursement for expenses is subject to the following general rules:

- a. Pursuant to [R.C. 120.33\(A\)\(4\)](#), expenses must be specifically allowed in the county's fee resolution.
- b. The appointing court must approve the expenses.
- c. All expenses must be itemized on the proper form(s). Unless otherwise provided for in these standards, pursuant to [OAC 126-1-02](#), a receipt must accompany all expenses that exceed \$1.00. If the identification of the payee or the nature of the expense raises questions of confidentiality or of attorney-client privilege, the applicant may make such indication on the form, and attach an appropriate entry of approval from the court. Transcript expenses are to be submitted on the [Clerk's/Auditor's Transcript Fee for an Indigent Defendant form \(OPD-205\)](#) and expert expenses on the [Request for Court-Paid Experts and/or Expenses form \(OPD-209\)](#) (see [OAC 120-1-17](#)).

- d. All requests for reimbursement of expenses are subject to final approval by the OPD. Unusual requests may be audited to determine if reimbursement will be made.

## 2. Travel time and expenses

Pursuant to [OAC 126-1-02](#), travel time and expense reimbursement are subject to the following conditions:

- a. The attorney must itemize on the [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#) all travel expenses including mileage, airfare, lodging, meals, and other miscellaneous items. A receipt must accompany all travel expenses exceeding \$1.00 except for road tolls, bus, boat, ferry, subway service, and personal mileage.
- b. Expenses for lodging and meals are reimbursable only when the attorney travels more than 45 miles one way from the attorney's home or office for purposes of representing an indigent client, and when an overnight stay is required. If travel expenses are claimed, the dates traveled and points of departure and destination must be specified in the expenses section of the [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#).
- c. Attorney fees for time spent in-transit and expenses for mileage and parking are reimbursable only when the attorney travels to a county outside of the county in which the attorney resides or maintains an office. Reimbursement will not be made for attorney fees and/or expenses incurred between the attorney's home and office, the attorney's home and a court in the same county, or the attorney's office and a court in the same county.
- d. Except as limited by this section, an attorney may bill for hours spent in-transit between a specified point of departure and destination. Once the destination has been reached, the attorney may not bill for hours spent at the destination as hours in-transit. Hours spent working on a case at the specified destination, however, may be billed accordingly.
- e. Lodging, meals, mileage, and travel by common carrier are eligible expenses for reimbursement subject to the current rates prescribed by [OAC 126-1-02](#), or the applicable county rate, if lower. For a copy of the current rates, visit the Ohio Office of Budget and Management (OBM) website at <https://obm.ohio.gov/TravelRule/>.
  - 1) Expenses for travel by commercial carrier will be reimbursed at the lowest fare available for the trip and only when the attorney travels outside of Ohio.
  - 2) Reimbursement for travel by personal auto shall be made at the current rate set by OBM.
- f. No reimbursement shall be made for lodging, meals, mileage, and travel by common carrier for the client, the client's family, the client's friends, or for the attorney's employees.

## 3. Transcripts

Transcript expenses for one original and one copy of a transcript are reimbursable subject to the following provisions:

- a. The maximum amount subject to reimbursement for the original transcript is \$4.00 per page, and \$0.10 per page for a paper copy. Reimbursement will not be provided for electronic copies of transcripts (see [R.C. 2301.24](#)).
- b. Requests seeking reimbursement for transcript expenses are to be itemized in the expenses section of [Clerk's/Auditor's Transcript Fee for an Indigent Defendant form \(OPD-205\)](#). Cost per page must be listed on the invoice.

- c. In order to qualify for reimbursement, transcript expenses must be submitted using [Clerk's/Auditor's Transcript Fee for an Indigent Defendant form \(OPD-E-205\)](#). Transcript expenses should not be submitted through the attorney fee application (see [OAC 120-1-17](#)).
- d. Requests for transcript expense reimbursement must be submitted to OPD within 90 days after the end of the month in which the case for which the transcript was prepared, was finally disposed of, or terminated by the court handling the case.
 

**Example:** A case is terminated in an appellate court on Jan. 5, 2018. The request is due to the OPD by April 30, 2018 (90 days from the last day in January).
- e. A [Financial Disclosure form \(OPD-206R\)](#) completed pursuant to [section \(B\)](#) of these standards must accompany the [Clerk's/Auditor's Transcript Fee for an Indigent Defendant form \(OPD-E-205\)](#), or the appropriate box checked where the judge declares indigency.

Experts

Reimbursement for expert expenses shall be limited to those where the expert provided written report, evaluative finding, interpretation, opinion or any other service that meets all of the following requirements:

The expert is used only for the defense of the accused or party represented; and

The expert is answerable solely to the defense counsel, not to the court or prosecution (see i.e. [R.C. 2945.371\(B\)](#)); and

- ..... u
- ..... Expert expenses must be submitted using the [Request for Court-Paid Experts and Expenses form \(OPD-209\)](#) and meet all of the following requirements:

Either a receipt, or a copy of the expert's invoice or both must accompany the form. The number of hours worked, and the hourly rate charged must be included in the invoice.

Expert expenses may not be submitted through the attorney fee application (see [OAC 120-1-17](#)).

A [Financial Disclosure form \(OPD-206R\)](#) completed pursuant to [section \(B\)](#) of these standards must accompany the [Request for Court-Paid Experts and/or Expenses form \(OPD-209\)](#), or the appropriate box is checked where the judge declares indigency.

- c Requests for reimbursement of expert expenses related to competency determinations or not guilty by reason of insanity evaluations are subject to additional requirements stated in sections and (e) respectively.
- d Requests for reimbursement of competency evaluations pursuant to [R.C. 2945.371\(B\)](#) will only be accepted where:

An issue of the client's competence to stand trial has been raised; and

Following an initial competency evaluation ordered by the court, defense counsel requested an additional independent expert evaluation; and

- iii. All other requirements of expert expenses in Section a and Section b herein have been met.
- e. Requests for reimbursement of not guilty by reason of insanity evaluations pursuant to [R.C. 2945.371\(B\)](#) will only be accepted where:
  - i. The client entered a plea of not guilty by reason of insanity;
  - ii. Following an initial sanity evaluation ordered by the court, defense counsel requested an additional independent expert evaluation; and
  - iii. All other requirements of expert expenses in Section a and Section b herein have been met.
- f. Requests for reimbursement of expert expenses ordered for use by the court or the prosecution shall not be reimbursed ([R.C. 2945.371\(k\)](#)).

Examples:

1. A defendant is deaf and the court orders a translator be present during all court proceedings. The translator that provides translation services during the court proceedings is not a permissible expense to submit for indigent defense reimbursement – as that service is used by the court and the prosecution. However, a separate translator will, in most cases, be necessary for defense counsel to communicate with the defendant. The cost of the translator that is used only by defense counsel is a permissible expense to submit for reimbursement.
2. Defense counsel files a motion raising the defendant’s competency. An evaluation ordered by the court to determine whether the defendant is competent to stand trial is not a permissible expense to submit for indigent defense reimbursement, where the expert’s report is ordered submitted to the court. It is only where an expert is answerable solely to defense counsel that an expert expense may be submitted for reimbursement.

5. Miscellaneous other expenses

Reimbursement for certain miscellaneous other expenses will also be made pursuant to the provisions outlined in this section. These expenses include:

- a. Polygraph examinations (use the [Request for Court-Paid Experts and/or Expenses form \(OPD-209\)](#)).
- b. Phone calls.
- c. Photocopies at up to \$0.05 per page if made in-house or at actual cost (with receipt) if a service is used. The number of copies must be listed.
- d. Other expenses reasonably related and necessary to the defense of an indigent client, (e.g., clothing for the client, haircuts for the client, etc.). Receipts must be submitted for expenses greater than \$1.00.

Q. Court fees, fines, costs, and items subject to waiver

No reimbursement will be made for any court fees, fines, or costs that are subject to waiver due to the indigency of the client (e.g., the \$40.00 Supreme Court of Ohio filing fee). The attorney is responsible

for filing a motion to waive filing fees and a [Financial Disclosure form \(OPD-206R\)](#) with the court. Some courts require their own affidavit to waive costs. The court in turn has the jurisdiction to ensure no fees or costs are assessed against the indigent client. In no case are subpoena fees, processor fees, jury fees, court costs, or fines reimbursable expenses.

R. Timely submission of forms

Pursuant to [R.C. 120.33\(A\)\(4\)](#), all requests for reimbursement are due to the OPD within 90 days after the end of the month in which the case was finally disposed of or terminated (last day in court or entry filed from the last day in court).

**Example:** A case is terminated on Jan. 5, 2018. The request is due to the OPD by April 30, 2018 (90 days from the last day in January).

This standard is subject to the following exceptions:

1. Trial level - If the attorney intends to file a notice of appeal, a motion for a new trial, a motion for shock probation, or a motion for judicial release, the [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#) is due to the OPD within 90 days after the end of the month in which the last hearing indicated on the form was held, or entry filed.
2. Appellate level - Each [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#) submitted is due to the OPD within 90 days after the end of the month in which either the oral argument was held or the appellate decision was issued, as indicated on the form.
3. Juvenile proceedings - In abuse, dependency, and neglect cases, where more than one hearing is held over an extended period of time, the attorney may submit individual [Motion, Entry, and Certification for Appointed Counsel Fees forms \(OPD-1026R\)](#) for the initial dispositional hearing, each subsequent annual review hearing, and any semi-annual review hearing, and is entitled to fees and expenses as outlined in [section \(J\)](#) of these standards. Each [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#) submitted is due to the OPD within 90 days after the end of the month in which the latest hearing indicated on the form was held.
4. Attorney withdraws or is removed from a case - When an attorney either withdraws or is removed from a case, the [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#) is due within 90 days from the end of the month in which the attorney withdrew or was removed from the case.

S. Periodic billings

1. In cases where proceedings are carried out over an extended period of time, or where multiple trials are held for one case, an attorney may submit more than one bill over the duration of the case.
2. To determine the maximum amount payable, the totals of all such billings will be added together. Once the maximum has been reached, no additional reimbursement will be paid unless the billing is accompanied by an order granting extraordinary fees.
3. Juvenile court - In abuse, dependency, and neglect cases, attorneys are entitled to bill the maximum fee for the initial dispositional hearing and for each subsequent in-court annual review hearing. These are not considered "periodic billings" unless two or more bills are submitted for services provided for a single cap.

T. Flat rate fee resolutions and guaranteed minimum fees

1. A county board of commissioners may adopt a fee schedule that compensates attorneys at a flat rate instead of an hourly rate for certain types of offenses. Reimbursement of flat rate fee schedules are subject to the following:
  - a. Fees paid to attorneys beyond those supported by actual hours worked will not be approved for reimbursement.
  - b. Schedules incorporating flat rate fees must be approved by the OPD in order to receive reimbursement.
  - c. Requests for reimbursement must include a completed Itemized Fee Statement section on the [Motion, Entry, and Certification for Appointed Counsel Fee form \(OPD-1026R\)](#) regardless of the use of flat rates. Incomplete forms will be denied reimbursement.
  - d. The box indicating that a flat rate fee has been used must be clearly checked on the front of the form.
2. The OPD will not provide reimbursement for guaranteed minimum fees. Counties that have fee schedules that include guaranteed minimum fees may still receive reimbursement. However, reimbursement will be based on the number of hours worked multiplied by the applicable hourly rates, as well as approved expenses on each [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#).

U. State recoupment of fees or expenses paid by indigent clients

Pursuant to [R.C. 2941.51\(D\)](#) and [R.C. 120.33\(A\)\(4\)](#), if a client has paid any money under a reimbursement, recoupment, contribution, or partial payment program for any case in which the county received reimbursement from the State, then the county must pay to the State a portion of the amount collected from the client. Of the funds collected, the county shall pay to the OPD the amount proportionate to the percentage of the costs of the case which were reimbursed by the State.

**Example:** If a county collects \$100.00 from a client for an appointed counsel case that was reimbursed by the State at 45 percent, the county must pay the OPD \$45.00 of the \$100.00 collected.

Such payments are to be remitted by the county auditor to the OPD by check or warrant payable to the order of "Treasurer, State of Ohio."

V. Underpayment/overpayment of reimbursement

If a county receives a reimbursement payment either less than or greater than the amount it should have received as a result of errors, omissions, or other factors, the OPD shall either make a supplemental payment or a recoupment of funds. This will be done by making an adjustment in the county's reimbursement payment in the month following discovery and verification of the error. For underpayments, at the request of the county, the OPD may issue a supplemental warrant prior to the following month's disbursement. The OPD reserves the right to verify whether an adjustment shall be made.

W. Specialty Courts and Other Programs

A court that operates a specialty court docket (e.g. recovery court) or other program (e.g. diversion program) may contact the OPD to have a plan approved which would provide for reimbursement of an

attorney to serve as appointed counsel for indigent defendants during the specialty court or other program proceedings.

A plan must include the following in order to be eligible for reimbursement:

1. The attorney(s) serving as appointed counsel must submit one [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#) detailing the total in-court and out-of-court hours worked for each day.
2. Request for reimbursement is due to the OPD within 90 days after the end of the month in which a specialty court hearing or other program was held.

**Example:** A hearing is held on Jan. 5, 2018. The request is due to the OPD by April 30, 2018 (90 days from the last day in January).

3. A designated code to be used in lieu of a case number on the fee applications for the specialty court or program.
4. If a participant in the specialty court or program is subject to a violation hearing, and is indigent, the participant must be appointed an individual attorney to serve as counsel for the violation proceedings. The participant may agree to be represented by the attorney that has provided general counsel in the specialty court, or may elect to be appointed a different attorney. If the same attorney that serves as counsel in the specialty court is later appointed for a violation, for purposes of reimbursement, the previous time billed for drug court would not apply to the fee cap for the violation.
5. Any plan approved by the OPD must be renewed annually.

X. Amendment of standards

The OPD may amend these standards at any time. Whenever the standards are amended or revised, the OPD will give notice to the appropriate county offices including, but not limited to county commissioners, auditors, judges, and clerks of courts.

## SECTION II

### STATE MAXIMUM FEE SCHEDULE FOR APPOINTED COUNSEL REIMBURSEMENT

#### A. General provisions

1. The Ohio Public Defender State Maximum Fee Schedule for Appointed Counsel Reimbursement contains the hourly rates and maximum amounts the OPD will reimburse counties for representation of indigent persons in criminal cases.
2. Pursuant to [R.C. 120.33\(A\)\(3\)](#), to receive reimbursement, a board of county commissioners must adopt a resolution to pay counsel appointed by the court, and must establish a fee schedule. The county is responsible for filing an up-to-date fee schedule with the OPD. Reimbursement will be based on the latest fee schedule filed with the OPD.
3. Reimbursement to the counties shall be based on the most serious offense with which the defendant is charged and will be made pursuant to either the State or county rate, whichever is lower. Reimbursement shall not exceed the established hourly or maximum rates unless otherwise provided for by statute, and will be made pursuant to [R.C. 120.33](#) and [R.C. 120.34](#).

#### B. Trial Level Proceedings

1. Reimbursement for representation in trial level cases not involving a death penalty specification will be made based on the maximum rate of \$75.00 per hour for both in-court and out-of-court services.
2. Reimbursement for representation in trial level cases involving a death penalty specification will be made based on the maximum rate of \$125.00 per hour for both in-court and out-of-court services.
3. The prescribed maximum fees permitted in trial level proceedings are:

<u>Offense/Proceeding</u>	<u>Fee Maximum</u>
Aggravated murder (w/specs) per <a href="#">R.C. 2929.04(A)</a> and <a href="#">R.C. 2941.14(B)</a>	As set by Capital Fee Council - see <a href="#">R.C. 120.33(D)</a> . The Council has currently set a rate of \$125 with no fee maximum.
Aggravated murder (w/o specs)	\$15,000/1 attorney \$25,000/2 attorneys
Murder	\$10,000
Felony with possible life sentence/ repeat violent offender/major drug offender	\$10,000
Felony (degrees 1-2)	\$8,000
Felony (degree 3)	\$5,000
Felony (degrees 4-5)	\$3,500
Misdemeanor (degrees 1-4)	\$2,000

<u>Offense/Proceeding (cont'd)</u>	<u>Fee Maximum</u>
Misdemeanor OVI/BAC	\$2,500
Contempt of court	\$500
Violation (Probation/Community Control)	\$750
Preliminary Hearings	\$300
Sex Offender Classification	\$750
Other	\$750

3. Reimbursement for guilty or no contest pleas will be made based on the maximum rate of \$75.00 per hour for both in-court and out-of-court services, up to the prescribed maximums for each classification, or if selected by the board of commissioners, at a flat rate for non-homicide felonies, misdemeanors, and juvenile proceedings.

C. Juvenile proceedings

1. Reimbursement for representation in juvenile proceedings will be made based on the maximum rate of \$75.00 per hour for both in-court and out-of-court services.
2. Reimbursement will not be made for non-attorneys appointed as a guardian ad litem.
3. In abuse, dependency, and neglect cases, both the attorney and the guardian ad litem may bill up to the maximum fee allowed by the county for the initial dispositional hearing and each subsequent annual review hearing before the court.
4. The prescribed maximum fees permitted in juvenile level proceedings are:

<u>Offense/Proceeding</u>	<u>Fee Maximum</u>
Aggravated murder (w/specs) per <a href="#">R.C. 2929.04(A)</a> and <a href="#">R.C. 2941.14(B)</a>	As set by Capital Fee Council - see <a href="#">R.C. 120.33(D)</a> . The Council has currently set a rate of \$125 with no fee maximum.
Aggravated murder (w/o specs)	\$7,500/1 attorney \$12,500/2 attorneys
Murder	\$6,000
Felony adjudication (degrees 1-2)	\$5,000
Felony adjudication (degrees 3-5)	\$3,500
Misdemeanor OVI/BAC	\$2,500
Misdemeanor	\$2,000
Traffic	\$300

<u>Offense/Proceeding (cont'd)</u>	<u>Fee Maximum</u>
Objections	\$750
Unruly	\$1,000
Bindover - Mandatory	\$750/1 attorney \$1,200/2 attorneys
Bindover - Discretionary	\$2,000/1 attorney \$3,000/2 attorneys
Reverse Bindover Amenability	\$1,500
SYO	Adult degree + 50%/2 attorneys
SYO Invocation	\$2,000/1 attorney \$3,000/2 attorneys
Adult in Juvenile Court	\$1,500
Violation (Probation/Community Control)	\$750
Violation (Parole/Supervised Release)	\$750
VCO	\$750
ADN Initial Custody	\$1,500
ADN Annual After Custody	\$1,500
Permanent Custody	\$2,500
Contempt of court	\$500
Purge Hearing	\$150
Sex Offender Classification/ Reclassification/Declassification	\$750
Expungement	\$300
Other	\$750

D. Appellate level proceedings

1. Reimbursement for representation in appellate level proceedings not involving a death sentence shall be made based on the maximum rate of \$75.00 per hour for both in-court and out-of-court services.
2. Reimbursement for representation in appellate level proceedings involving a death sentence will be made based on the maximum rate of \$125.00 per hour for both in-court and out-of-court services.

3. The prescribed maximum fees permitted in appellate level proceedings are:

<u>Offense/Proceeding</u>	<u>Fee Maximum</u>
Death Sentence	As set by Capital Fee Council - see <a href="#">R.C. 120.33(D)</a> . The Council has currently set a rate of \$125 with no fee maximum.
Cumulative Minimum Sentence exceeds 25 years	\$8,000
Felony (degrees 1-2) Trial	\$5,000
Felony (degree 3) Trial	\$3,500
Felony (degrees 4-5) Trial	\$2,500
Misdemeanor Trial	\$2,000
Felony Plea	\$1,500
Misdemeanor Plea	\$1,000
ADN Permanent Custody	\$3,500
Unruly	\$1,000
Other	\$1,000
26(B) Murnahan Felony (degrees 1-2) Trial	\$3,000
26(B) Murnahan Felony (degree 3) Trial	\$2,000
26(B) Murnahan Felony (degrees 4-5) Trial	\$1,000
OSC Jurisdiction Memorandum	\$1,500

E. Postconviction and habeas corpus proceedings

1. Reimbursement for postconviction and State habeas corpus proceedings not involving a death sentence will be made based on the maximum rate of \$75.00 per hour for both in-court and out-of-court services.
2. Reimbursement for representation in appellate level proceedings involving a death sentence will be made based on the maximum rate of \$125.00 per hour for both in-court and out-of-court services.
3. The prescribed maximum fees permitted in postconviction and habeas corpus proceedings are:

<u>Offense/Proceeding</u>	<u>Fee Maximum</u>
Death Sentence	As set by Capital Fee Council - see <a href="#">R.C. 120.33(D)</a> . The Council has currently set a rate of \$125 with no fee maximum.

<u>Offense/Proceeding (cont'd)</u>	<u>Fee Maximum</u>
Felony (degrees 1-2) ( <a href="#">R.C. 2953.21</a> Petition/New Trial Mtn)	\$4,000
Felony (degree 3) ( <a href="#">R.C. 2953.21</a> Petition/New Trial Mtn)	\$2,500
Felony (degrees 4-5) ( <a href="#">R.C. 2953.21</a> Petition/New Trial Mtn)	\$1,750
Misdemeanor (60(B))	\$1,500
Juvenile	\$2,500
State Habeas	\$1,500
Expungement	\$300
Judicial Release	\$500
Revocation	\$750
Driving Privileges	\$150
NGRI/Comp Review	\$750
Jail Time Credit	\$300
Resentencing	\$500
Sex Offender Reclassification	\$750
Withdrawal of Guilty Plea	\$1,000

F. Amendments to the Fee Schedule

The OPD may amend this fee schedule at any time. Whenever the schedule is amended or revised, the OPD will give notice to the appropriate county offices including, but not limited to county commissioners, auditors, judges, and clerks of courts.

## SECTION III

### COUNTY PUBLIC DEFENDER OFFICE REIMBURSEMENT STANDARDS

The following are the reimbursement standards applicable to county public defender offices, joint county public defender offices, and for counties that have contracted with non-profit organizations for indigent defense services:

- A. Determination of indigency and the Financial Disclosure form (OPD-206R)
1. Pursuant to [R.C. 120.15\(D\)](#) and [R.C. 120.25\(D\)](#), the county public defender shall determine indigency of persons, subject to review by the court, in the same manner as provided in [R.C. 120.05](#). Each monthly report submitted to the board of county commissioners and the OPD shall include a certification by the county public defender that all clients provided representation by the county public defender's office during the month indicated in the report were indigent under the standards of the Ohio Public Defender Commission.
  2. In determining indigency, county public defenders shall use the [Financial Disclosure form \(OPD-206R\)](#) or a county version of the form developed and approved by the OPD pursuant to [OAC 120-1-03](#). One form must be completed for each client who receives representation. All financial disclosure forms must be signed by the applicant. The forms should not be forwarded to the OPD, but should be kept on file by the county public defender for purposes of an audit. The [Financial Disclosure form \(OPD-206R\)](#) and instructions for completing the form are included in [Appendix E](#) of these standards.
  3. In cases where the applicant is unable to complete or sign the [Financial Disclosure form \(OPD-206R\)](#), the form may be completed and signed by the parent, a person in loco parentis or the guardian ad litem, or the judge hearing the case may complete and sign the Certification section in lieu of a signature on the form. Magistrates who certify the form are to include their title under their signature.
  4. No applicant shall be denied counsel based on the financial status of a member of the applicant's household when that household member has no legal duty to support the applicant, or when that household member refuses to provide or pay for counsel.
  5. No child shall be denied counsel solely because the child's parents or guardians are unwilling to disclose their financial status or to provide or pay for counsel.
- B. Reimbursement, recoupment, contribution, partial payment, and marginally indigent programs
1. Pursuant to [OAC 120-1-05](#), counties may adopt recoupment, contribution, partial payment, marginally indigent, and other programs. County public defenders may provide counsel for persons with incomes between 125 percent and 187.5 percent of the poverty threshold. Reimbursement in cases where the client qualifies for such programs will be made only if the county does not assess recoupment for persons grossing below 125 percent of federal poverty guidelines. The OPD will make reimbursement only for the portion of the costs of representation incurred by the county.
  2. The OPD will not provide reimbursement in cases where a public defender office serves as both guardian ad litem to a child and counsel to another party in the same case (e.g. parent).
- C. Persons becoming indigent during their cases

Reimbursement will be made for persons who were initially determined not to be indigent, but during the course of their case, become indigent or eligible for a reimbursement, recoupment, contribution,

or partial payment program. Reimbursement is limited to the costs incurred by the county public defender office for the period of time when the applicant was determined to be indigent.

D. Prescribed forms

1. To receive reimbursement, counties must submit a [Monthly Operating Expenses and Caseload Report for County Public Defender Offices form \(OPD-E-501\)](#). A copy of the form and instructions for completing it are included in Appendix F of these standards.
2. The form must be an original or photocopy of the one prescribed by the OPD, or be produced using OPD Online, the case management system provided by OPD. No other reproductions will be accepted. Photocopies submitted in lieu of original forms must meet the following requirements:
  - a. All pages of the form must be included and must be in the proper numerical order.
  - b. Copies must be of good quality, be of original size, (not reduced on a copy machine) and be made on 8½" x 11" paper.
3. All forms for reimbursement must be properly completed in full. Forms that are incomplete or are improperly filled out will be returned unreimbursed to the county.
4. Public defender offices shall retain a copy of the [Monthly Operating Expenses and Caseload Report for County Public Defender Offices form \(OPD-E-501\)](#) for a period of five years from the date the form was submitted to the OPD.

E. Definition of a case for purposes of completing the [Monthly Operating Expenses and Caseload Report for County Public Defender Offices form \(OPD-E-501\)](#)

1. A single case includes all applicable proceedings when one defendant is charged or indicted for one offense or a series of offenses arising from a single event. A single case also includes one defendant charged or indicted with offenses resulting from a series of events that occur in the course of one scheme of conduct happening over a period of time, regardless of the number of counts or charges.
2. When there are multiple defendants charged with the same offense(s), whether tried separately or together, each defendant shall be counted as a separate case.
3. Whenever a public defender office represents an individual charged with a felony at the preliminary hearing stage in county or municipal court, the preliminary hearing stage shall not be counted as a case, but rather shall be counted in the category, "Felonies filed in Municipal Court," found on the [Monthly Operating Expenses and Caseload Report for County Public Defender Offices form \(OPD-E-501\)](#). If the county public defender continues to represent the individual after the preliminary hearing stage, the common pleas court case shall be counted as a case.
4. Once a case is closed, if it is later re-opened, it shall be counted as a separate case.
5. When one defendant is charged with unrelated acts happening at separate times, each act or charge shall be counted as a separate case whether tried separately or together.
6. When one defendant is charged with different counts from different court jurisdictions, the number of cases counted shall be equal to the number of jurisdictions (e.g., municipal, county, common pleas, juvenile division) in which the defendant is being charged, or pursuant to paragraph one of this definition.

7. In abuse, dependency, neglect, non-support contempt, and visitation contempt court actions, a case shall be counted each time the court exercises its continuing jurisdiction. Unless there is a conflict, all children in an abuse, dependency or neglect court action shall be counted as a single case.

F. Cost allocations

County and joint county public defender offices may recover a portion of their indirect costs associated with operating a county public defender office by including an amount for cost allocation in the appropriate space on the [Monthly Operating Expenses and Caseload Report for County Public Defender Offices form \(OPD-E-501\)](#). To qualify, counties must prepare a cost allocation plan in accordance with [OMB Circular A-87](#), and forward a copy to the OPD annually. Upon receipt, the OPD will review the plan, determine the amount of recoverable indirect costs, and send a letter to the county public defender verifying and approving the amount to be claimed.

G. Time limits for submission of the [Monthly Operating Expenses and Caseload Report for County Public Defender Offices form \(OPD-E-501\)](#)

1. Pursuant to [R.C. 120.18](#) and [R.C. 120.28](#), requests for reimbursement from county and joint county public defender offices are due to the OPD within 30 days after the end of the month in which the expenditures were incurred.

**Example:** Expenditures were incurred in January 2018. The request is due to the OPD by Feb. 29, 2018.

2. At OPD's discretion, the OPD may grant a county an extension of the deadline in [section \(G\)\(1\)](#) to correct any form that is incomplete, needs corrections, or is otherwise unacceptable.

H. Applicability of the Standards and Guidelines for Appointed Counsel Reimbursement

Where applicable, the Standards and Guidelines for Appointed Counsel Reimbursement shall also apply to indigent defense representation provided by county or joint county public defender offices. These include specifically, but are not limited to the standards regarding the following:

- Juvenile court
- Domestic relations court
- Minor misdemeanors
- Municipal ordinance violations

I. State recoupment of fees or expenses paid by indigent clients

Pursuant to [R.C. 120.15\(B\)\(3\)](#), the county public defender is responsible for collecting all moneys due for reimbursement of legal services provided under [R.C. Chapter 120](#). All money collected or received by the county public defender must be paid into the county treasury to the credit of the general revenue fund.

Pursuant to [R.C. 2941.51\(D\)](#), if a client has paid any money under a reimbursement, recoupment, contribution, or partial payment program for any case in which the county received reimbursement from the State, then the county must pay to the State a portion of the amount collected from the client. Of the funds collected, the county shall pay to the OPD the amount proportionate to the percentage of the costs of the case that were reimbursed by the State.

**Example:** If a county collects \$100.00 from a client for which public defender services were provided, and the county was subsequently reimbursed by the State at 45 percent, the county must pay the OPD \$45.00 of the \$100.00 collected.

Such payments are to be remitted by the county auditor to the OPD by check or warrant payable to the order of "Treasurer, State of Ohio."

J. Underpayment/Overpayment of Reimbursement

If a county receives a reimbursement payment either less than or greater than the amount it should have received as a result of errors, omissions, or other factors, the OPD shall either make a supplemental payment or a recoupment of funds. This will be done by making an adjustment in the county's reimbursement payment in the month following discovery and verification of the error. For underpayments, at the request of the county, the OPD may issue a supplemental warrant prior to the following month's disbursement. The OPD reserves the right to verify whether or not an adjustment shall be made.

K. Amendment of standards

The OPD may amend these standards at any time. Whenever the standards are amended or revised, the OPD will give notice to the appropriate county offices including, but not limited to county public defenders, county commissioners, auditors, common pleas judges, and clerks of courts.

## SECTION IV

### STATE PUBLIC DEFENDER BILLING, PAYMENT, AND REIMBURSEMENT

[Ohio Revised Code 120.06\(D\)](#) governs billing, payment, and reimbursement in cases where the OPD provides attorney representation, or investigation/mitigation services to appointed counsel or to a county public defender office.

When the OPD is designated by the court or requested by a county public defender or joint county public defender to provide legal representation for an indigent person in any case, other than pursuant to a contract entered into under authority of [R.C. 120.04\(C\)\(7\)](#), at the conclusion of the case the OPD shall send the county a bill detailing the actual cost of the representation that separately itemizes legal fees and expenses.

The OPD's legal fees will adhere to the State Fee Schedule, except in cases that are deemed extraordinary. Extraordinary cases are those that are unusually complex, involve numerous charges or co-defendants, include a large volume of discovery or evidence, or involve technical issues that require special expertise. Where the legal fees in an extraordinary case exceed the State Fee Schedule, the State Public Defender will determine on a case-by-case basis whether to bill in excess of the State Fee Schedule. When the State Public Defender determines that an extraordinary case warrants a fee in excess of the State Fee Schedule, a written finding will be attached to the bill.

The county, upon receipt of an itemized bill from the OPD, pursuant to R.C. 120.06(D), shall pay the OPD one hundred percent of the amount identified as legal fees and expenses in the itemized bill.

Upon the county's payment of the itemized bill, the OPD will process the bill for reimbursement pursuant to [R.C. 120.33](#). A county need not submit the paid bill for reimbursement.

When the OPD provides investigation or mitigation services to private appointed counsel or to a county or joint county public defender as approved by the appointing court, other than pursuant to a contract entered into under authority of [R.C. 120.04\(C\)\(7\)](#), the OPD shall send to the county in which the case is filed a bill itemizing the actual cost of the services provided. The county, upon receipt of an itemized bill from the OPD pursuant to this division, shall pay 100 percent of the amount as set forth in the itemized bill. Upon payment of the itemized bill, the county may submit the cost of the investigation and mitigation services to the OPD for reimbursement pursuant to [R.C. 120.33](#).

## **APPENDICES**

## Instructions for Completing

### Motion, Entry, and Certification for Appointed Counsel Fees Form OPD-1026R

The following instructions are for the [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#). This form is to be used *only* for services rendered in appeals, common pleas, county, domestic relations, juvenile, and municipal courts. For services rendered in the Supreme Court of Ohio, use the [Supreme Court of Ohio Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-E-1031\)](#). For the purpose of these instructions, spaces requiring an entry have been numbered.

#### TO BE COMPLETED BY THE ATTORNEY

- (1) Enter the name of the court in which the services are being rendered. Appropriate entries in this space are limited to the following:

- Common Pleas
- Municipal
- Domestic Relations
- Juvenile
- County
- Appeals

- (2) Enter the name of the county or city in which services are being rendered.

The following are examples of how the completed line might read:

- In the Common Pleas Court of Montgomery County, Ohio
- In the Juvenile Court of Cuyahoga County, Ohio
- In the Municipal Court of Akron, Ohio
- In the Appeals Court of Butler County, Ohio
- In the Domestic Relations Court of Madison County, Ohio

- (3) Clearly identify the plaintiff. If the plaintiff is the State of Ohio, write “State of Ohio” in this space. If the plaintiff is a municipality, village, etc., write in the name of the city, village, etc.

The following are examples of how entries in this space might read:

- State of Ohio
- City of Akron
- Village of Arlington

If there is no plaintiff, leave this space blank.

- (4) Enter the name of the defendant or the party being represented.
- (5) Complete the “In re:” section, if applicable, for juvenile cases.
- (6) Enter the case number. If it is an appeals case, see (7) below.
- (7) For appeals cases, enter the appellate case number in this space and enter the lower court case number in (6). Otherwise, leave this blank.
- (8) If the person is charged with a capital offense, check the box. Be sure to enter the co-counsel’s name on the back of the form. See [\(37\)](#).

- (9) Check the box if the attorney was appointed as guardian ad litem (GAL).
- (10) Enter the name of the judge hearing the case.
- (11) Check the box only if this is a periodic bill as described in [section \(S\)](#) of the Standards and Guidelines for Appointed Counsel Reimbursement. Do not check this box if the case is an abuse, dependency, or neglect case as described in [section \(J\)](#) of the standards.
- (12) Enter the date the attorney was appointed to the case. This date must match the date of the journal entry appointing counsel.
- (13) Enter the date the case was terminated and/or was disposed of by the court.
- (14) Enter the date the attorney submitted the form.
- (15) Print or type the name of the attorney.
- (16) The attorney must sign the form.
- (17) Enter the address of the attorney (include P.O. Box, Apt #, or Suite, if applicable).
- (18) Enter the attorney's Supreme Court of Ohio registration number.

Numbers (19)-(22) detail the completion of one line of the Offense/Charge/Matter grid. Please continue to enter information into the grid (if necessary) in the same manner for additional lines. If there are more than three charges against the defendant, list only the three most serious charges beginning with the one of greatest severity and continuing in descending order.

- (19) Enter the name of the offense with which the defendant was initially charged or for which the defendant was indicted.
- (20) Enter the R.C. section or Municipal Ordinance section.
- (21) Enter the degree of the offense (e.g., F1, M4, etc.).
- (22) Indicate how the charge was disposed. Use only the following categories:

- Advice Only
- Affirmed
- Bench Trial - Guilty
- Bench Trial - Guilty Less Than Charge
- Bench Trial - Not Guilty
- Bench Trial - Not Guilty for Reason of Insanity
- Bound Over
- Client's Request
- Conflict
- Counsel Appointed
- Deceased
- Declined Review
- Dismissed
- Diversion
- Incompetent
- Jury Trial - Guilty
- Jury Trial - Guilty Less Than Charge
- Jury Trial - Not Guilty

- Jury Trial - Not Guilty for Reason of Insanity
- No Action Taken
- Not Indigent
- Plea - Alford
- Plea - No Contest
- Plea to Charge
- Plea to Less Than Charge
- Policy
- Reduced to Misdemeanor
- Referred To Other
- Represented By Other
- Retained Counsel
- Reversed
- Treatment in Lieu of Conviction
- Voluntarily Dismissed
- Warrant Issued

(23) Check this box if a flat fee is used. When a flat fee is used, the attorney must still record the number of hours of service. Check with OPD for pilot project fees for specialty courts.

(24) When a minimum fee is used, the attorney must still record the number of hours of service.

**Note:** See [section \(F\)](#) of the State Maximum Fee Schedule for new standards regarding minimum fees. Minimum fees are not allowed; attorneys must work the hours.

(25) Enter the total number of in-court hours.

(26) Enter the county's in-court hourly rate.

(27) Enter the product of the total in-court hours and county hourly rate for in-court services.

(28) Enter the total number of out-of-court hours.

(29) Enter the county's out-of-court hourly rate.

(30) Enter the product of the total out-of-court hours and the county hourly rate for services out-of-court.

(31) Enter the total cost of all travel expenses

(32) Enter the total cost of all other (non-travel) expenses from the reverse side of the form.

**Note:** For transcript expenses, use Clerk's/Auditor's Transcript Fee for an Indigent Defendant form ([OPD-205](#)), and for expert expenses, use the Request for Court-Paid Expert Expenses form ([OPD-209](#)).

(33) Enter the sum of the in-court and out-of-court totals for legal fees (line 27 and 30).

(34) Enter the grand total of legal fees plus expenses being requested (lines 31, 32 and 33)

**The Judgment Entry and Certification sections, are to be completed by the court and by the county respectively. If local practice permits, the attorney may complete (44) and (45) in the Judgment Entry section before submitting the form to the court.**

(35) Enter the case number. If the case is an appeal, be sure to enter the appellate case number rather than the lower court case number.

(36) Enter the name of the attorney.

(37) If the case is a capital offense case, enter the name of co-counsel for the case. Be sure the box on the front of the form is checked.

(38) Complete the Itemized Fee Statement grid according to the following guidelines:

- Use only the Itemized Fee Statement to record hours worked in- and out-of-court. If additional space is needed, use the [Itemized Fee Statement Continuation sheet \(OPD-1027R\)](#). If the [Itemized Fee Statement Continuation sheet \(OPD-1027R\)](#) is used, put the grand total of all hours worked only on the last continuation sheet used. Per page totals are not necessary. Otherwise, put the grand total in the Grand Total row of the [Itemized Fee Statement Continuation sheet \(OPD-1027R\)](#). Grand totals must also be recorded in the “Grand Total Hours” row on the front of the form.
- For each date services were performed, enter in the appropriate boxes the date of service, the number of hours spent performing each type of service, and the total hours. On the form, two sets of columns are provided. When the bottom of the first set of columns is reached, continue at the top of the second. Use continuation sheets in the same manner.
- Record all out-of-court hours in the Out-of-Court Total column. There are no longer separate out-of-court categories.
- For in-court hours, specify time between two categories: “pre-trial hearings” and “all other in-court,” then add the two and enter the sum in the In-Court Total column.
- Add the out-of-court total and the in-court total and enter the sum in the Daily Total column.
- In the Grand Total row, enter the sum of each column.
- Be sure to enter a number for hours of service performed. Entering a check mark, an “X,” or other non-numerical markings is not allowed. Hours are to be itemized in tenths of an hour (six-minute increments).
- Attorneys are also required to prepare and maintain time records for each appointed case showing the date of service, nature of services rendered, and hours worked. These records should not be turned in with the billing, but may be requested from the attorney in the event that the court or the OPD has questions about the billing. Records should be kept for five years after the date the [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#) is submitted to the court for payment.

*The following instructions detail the completion of one line (one expenditure) of the Itemized Expense grid. Please continue to enter information into the grid (if necessary) in the same manner for additional expenditures. If additional lines for recording expenses are necessary, use an additional sheet of paper. Do not record a per page total or grand total of expenses on the additional sheet. Per page totals are not necessary. The grand total must appear only in spaces (31 and 32) and (44) of the Itemized Expense grid on the [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#). Transcript and expert expenses are not to be entered on this form.*

- (39) Assign a category using one of the four categories listed above the grid. Use only these categories.
- (40) Enter the name of the individual or organization to which the expense was paid.
- (41) Enter the total amount (include applicable taxes) of the expense.
- (42) After all expenses have been entered, write the grand total in this space. This is the total dollar amount of expenses that will be used in determining the total billing amount

Be sure to attach a receipt for each expenditure over \$1.00 when required. Please refer to [section \(P\)](#) of the Ohio Public Defender Standards and Guidelines for Appointed Counsel Reimbursement for a detailed listing of reimbursable expenses.

**TO BE COMPLETED BY THE COURT**

- (43) Enter the name of the county.
- (44) Enter the dollar amount of fees and expenses approved by the court.
- (45) Check the box if the court has granted extraordinary fees for this case. Be sure to attach a copy of the relevant journal entry if extraordinary fees have been granted.
- (46) Check the box if the court has reduced/denied counsel fees that are at or below the county maximum cap. Be sure to attach a copy of the relevant journal entry detailing why counsel fees were reduced or denied.
- (47) The judge hearing the case must sign and date the form.

**TO BE COMPLETED BY THE COUNTY**

- (48) Enter the county number (1-88).
- (49) Enter the number of the warrant issued to the attorney.
- (50) Enter the date the warrant was issued.
- (51) The county auditor must sign or stamp the form.

**MOTION, ENTRY, AND CERTIFICATION FOR APPOINTED COUNSEL FEES**

In the (1) Court of (2), Ohio

Plaintiff: (3) Case No. (6)

v. (4) Appellate Case No. (if app.) (7)

Defendant/Party Represented (8)  Capital Offense Case (check if Capital Offense case)

(9)  Guardian Ad Litem (check if appointed as GAL)

In re: (5) Judge: (10)

**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.

(11)  Periodic Billing (check if this is a periodic bill)

As attorney/guardian ad litem of record, I was appointed on (12). This case terminated and/or was disposed of on (13). I am submitting this application on (14).

Name (15) Signature (16)

Address (17) No. and Street City State Zip OSC Reg. No. (18)

**SUMMARY OF CHARGES, HOURS, EXPENSES, AND BILLING**

Table with 4 columns: OFFENSE/CHARGE/MATTER (List only the three most serious charges), ORC/CITY CODE, DEGREE, DISPOSITION. Rows 1., 2., 3. with corresponding labels (19), (20), (21), (22).

Table for Grand Total Hours and Expenses. Includes rows for Flat Fee, Min Fee, Travel Expenses, All Other Expenses, Counsel Fees, and Grand Total with associated labels (23) through (34).

**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 (43) 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 \$ (44). 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)

(45) (46) Judge (47) 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 (48) Warrant Number (49) Warrant Date (50) County Auditor (51)



**Instructions for Completing  
Supreme Court of Ohio  
Motion, Entry, and Certification for Appointed Counsel Fees  
Form OPD-E-1031**

The following instructions are for the [Supreme Court of Ohio Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-E-1031\)](#). This form is to be used *only* for services rendered in the Supreme Court of Ohio. For services rendered in appeals, common pleas, county, domestic relations, juvenile, and municipal courts, use the [Motion, Entry, and Certification for Appointed Counsel Fees form \(OPD-1026R\)](#). For the purpose of these instructions, spaces requiring an entry have been numbered.

**TO BE COMPLETED BY THE ATTORNEY**

- (1) Enter the name of the defendant.
- (2) Enter the case number assigned by the Supreme Court.
- (3) Enter the case number assigned by the appeals court.
- (4) Enter the case number assigned by the trial court.
- (5) Enter the number of in-court hours claimed. This number must equal the total number of in-court hours listed in the space provided on side two of the form.
- (6) Enter the number of out-of-court hours claimed. This number must equal the total number of out-of-court hours listed in the space provided on side two of the form.
- (7) Enter the total amount for expenses other than legal fees. This amount must match the total of all expenses listed in the space provided on side two of the form.
- (8) List the offense(s), the degree of the offense(s), and the applicable ORC Section being considered in the appeal. If there are more than three charges against the client, list only the three most serious charges beginning with the one of greatest severity and continuing in descending order.
- (9) Enter the decision handed down by the Supreme Court at the termination of the case.
- (10) Enter the date on which the case was terminated by the Supreme Court.
- (11) Enter the name of the attorney.
- (12) The attorney must sign the form in this space.
- (13) Enter the mailing address of the attorney.

**TO BE COMPLETED BY THE COURT**

- (14) Enter the dollar amount of fees approved by the court.
- (15) Enter the dollar amount of expenses approved by the court.
- (16) Enter the sum of the fees and expenses approved by the court. This is the total amount that will be paid to the attorney.
- (17) Enter the name of the county responsible for paying the attorney fees and expenses.

(18) The Chief Justice of the Supreme Court must sign the form.

**TO BE COMPLETED BY THE COUNTY**

(19) Enter the county number (1-88).

(20) Enter the number of the warrant issued to the attorney.

(21) Enter the date the warrant was issued.

(22) The county auditor must sign or stamp the form.

**TO BE COMPLETED BY THE ATTORNEY:**

(23) For each date services were performed, enter in the appropriate boxes the date of service, the type of service, and the total hours.

(24) For each expense, identify the purpose, to whom payment was issued, and the amount of payment issued.

(25) The attorney must sign the form.

**SUPREME COURT OF OHIO**  
**MOTION, ENTRY, AND CERTIFICATION FOR APPOINTED COUNSEL FEES**

State of Ohio,  
 Plaintiff

Supreme Court No. \_\_\_\_\_ (2)

Appeals Court No. \_\_\_\_\_ (3)

Trial Court No. \_\_\_\_\_ (4)

V.

\_\_\_\_\_  
 Defendant (1)

**MOTION FOR APPROVAL OF PAYMENT OF APPOINTED COUNSEL FEES AND EXPENSES**

The undersigned, having been previously appointed counsel for the defendant for the appeal to this court, as evidenced by the attached entry of appointment, now moves for an order approving payment of fees earned and expenses incurred as reflected by the itemized statement of the reverse hereof, pursuant to R.C. 2941.51.

Hours Worked: 

IN COURT (5)	OUT OF COURT (6)
-----------------	---------------------

 Expenses (if any): \$ 

(7)
-----

O.R.C. charge section number, name and classification

A. \_\_\_\_\_ (8)

B. \_\_\_\_\_

C. \_\_\_\_\_

SUPREME COURT DECISION (9)	TERMINATION DATE (10)
-------------------------------	--------------------------

ATTORNEY'S NAME (11)	ATTORNEY'S SIGNATURE (12)
-------------------------	------------------------------

ATTORNEY'S ADDRESS NUMBER AND STREET	CITY	STATE	ZIP
(13)			

**INFORMATION BELOW TO BE COMPLETED BY SUPREME COURT AND COUNTY AUDITOR ONLY**

**JUDGMENT ENTRY**

This court finds that counsel performed the legal services set forth in the itemized statement on the reverse hereof, and that the fees and expenses hereinafter approved are reasonable. IT IS THEREFORE ORDERED that appointed counsel fees are approved in the sum of \$ \_\_\_\_\_ (14) and expense in the sum of \$ \_\_\_\_\_ (15) for a total allowance of \$ \_\_\_\_\_ (16), which amount is ordered certified to the \_\_\_\_\_ (17) County Auditor for payment.

\_\_\_\_\_  
 CHIEF JUSTICE (18)

**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 (19)	WARRANT NUMBER (20)	WARRANT DATE (21)
-----------------------	------------------------	----------------------

COUNTY AUDITOR \_\_\_\_\_ (22)



**Instructions for Completing  
Clerk's/Auditor's Transcript Fee for an Indigent Defendant  
Form OPD-E-205**

The following instructions are for the [Clerk's/Auditor's Transcript Fee for an Indigent Defendant form \(OPD-E-205\)](#). For the purpose of these instructions, spaces requiring an entry have been numbered.

**TO BE COMPLETED BY THE CLERK OF COURTS**

- (1) Enter the name of the court in which the case was heard. Appropriate entries in this space are limited to the following:

- Common Pleas
- Municipal
- Domestic Relations
- Supreme
- Juvenile
- County
- Appeals

- (2) Enter the name of the county or city in which services are being rendered.

- (3) Clearly identify the plaintiff. If the plaintiff is the State of Ohio, write "State of Ohio" in this space. If the plaintiff is a municipality, village, etc., write the name of the city, village, etc. in the space.

The following are examples of how entries in this space might read:

- State of Ohio
- City of Akron
- Village of Arlington

If there is no plaintiff, leave this space blank.

- (4) Enter the name of the defendant or the party being represented.
- (5) In juvenile cases, complete the "In re:" section, if applicable.
- (6) Enter the case number.
- (7) Enter the name(s) of the attorney(s).
- (8) Enter the name of the official court stenographer.
- (9) Enter the last four digits of the official court stenographer's tax identification number.
- (10) Describe the nature of the transcript being ordered.
- (11) The clerk of courts must sign the form in the space provided.
- (12) The clerk of courts must date the form in the space provided.
- (13) Put a checkmark or "X" in front of *one* of the seven categories indicating the type of proceeding for which the transcript was ordered.
- (14) Enter the date on which the proceeding indicated in (13) was terminated, or put a checkmark or "X" if the proceeding is still pending.

- (15) Enter the number of pages in the original transcript.
- (16) Enter the per-page rate for the original transcript.
- (17) Enter the cost of the original transcript (cost = number of pages x per page rate).
- (18) Enter the number of pages in the copy of the transcript.
- (19) Enter the per-page rate for the copy of the transcript.
- (20) Enter the cost of the copy of the transcript (cost = number of pages x per page rate).
- (21) Enter the total transcript fees being billed.
- (22) The judge must check one box declaring indigency.
- (23) Enter the total transcript fees approved by the court.
- (24) Print or type the name of the judge hearing the case or proceeding for which the transcript is being ordered.
- (25) The judge must sign and date the form in this space.

**TO BE COMPLETED BY THE COUNTY**

- (26) Enter the county number.
- (27) Enter the number of the warrant issued to the official stenographer.
- (28) Enter the date the warrant was issued.
- (29) The county auditor must sign or stamp the form in this space.

**CLERK'S/AUDITOR'S TRANSCRIPT FEE FOR AN INDIGENT DEFENDANT**

R.C. 2301.24-25

In the \_\_\_\_\_ (1) Court of \_\_\_\_\_ (2), Ohio.

Plaintiff: \_\_\_\_\_ (3)

Case No. \_\_\_\_\_ (6)

v. \_\_\_\_\_ (4)  
*Defendant/Party Represented*

Attorney(s) for the Defendant/Party Represented:  
\_\_\_\_\_ (7)

In re: \_\_\_\_\_ (5)

**CLERK OF COURTS CERTIFICATION**

I, the Clerk of Courts, hereby certify that \_\_\_\_\_ (8), \_\_\_\_\_ (9), is  
*(Court Reporter's Name) (Last 4 digits of Court Reporter's Tax ID)*  
hereby an official/acceptable stenographer of said court and is entitled to the following fees for making transcript(s) of:

\_\_\_\_\_ (10)

\_\_\_\_\_ (11)  
Clerk's Signature

\_\_\_\_\_ (12)  
Date

The transcript is ordered by the court for use by the Defendant or the Defendant's attorney in the following type of proceeding:

- \_\_\_ Felony, misdemeanor, or juvenile proceeding
- \_\_\_ Appeals proceeding (13)
- \_\_\_ Postconviction proceeding
- \_\_\_ Other (explain) \_\_\_\_\_
- \_\_\_ Capital/death penalty trial proceeding
- \_\_\_ Capital/death penalty appeals proceeding
- \_\_\_ Capital/death penalty postconviction proceeding

**Date on which above checked proceeding terminated:** \_\_\_\_\_ (14) OR **(14) Still Pending** (check if pending)

Original transcript of \_\_\_\_\_ (15) pages or folio at the rate of \$ \_\_\_\_\_ (16) per page or folio = \$ \_\_\_\_\_ (17)

Copy of transcript of \_\_\_\_\_ (18) pages or folio at the rate of \$ \_\_\_\_\_ (19) per page or folio = \$ \_\_\_\_\_ (20)

**NOTE: A COPY OF THE COURT REPORTER'S BILLING MUST BE ATTACHED** TOTAL \$ \_\_\_\_\_ (21)

**JUDGMENT ENTRY & DECLARATION OF INDIGENCE**

The court finds that the transcript was ordered for use in the case of an indigent person, and that all rules and standards of the Ohio Public Defender Commission and State Public Defender have been met.

Check one:

- (22)  A Financial Disclosure form (OPD-206R) for the Defendant/Party Represented is attached to this document.
- OR
- I hereby certify that the Defendant/Party Represented has been found indigent for purposes of receiving this transcript at government expense.

IT IS THEREFORE ORDERED that the transcript fees be, and are hereby approved in the amount of \$ \_\_\_\_\_ (23). It is further ordered that the said amount be, and hereby is, certified by the Court to the County Auditor for payment.

\_\_\_\_\_ (24)  
Judge's Name (type or print)

\_\_\_\_\_ (25)  
Judge's Signature Date

**AUDITOR'S CERTIFICATION**

The County Auditor in executing this certificate attests that the transcript was a true and accurate expense of said county's court.

County Number \_\_\_\_\_ (26) Warrant Number \_\_\_\_\_ (27) Warrant Date \_\_\_\_\_ (28)

\_\_\_\_\_ (29)  
County Auditor's Signature

**Instructions for Completing  
Request for Court Paid Experts and/or Expenses  
Form OPD-209**

The following instructions are for the [Request for Court Paid Experts and/or Expenses form \(OPD-209\)](#). For the purpose of these instructions, the spaces requiring an entry have been numbered.

**TO BE COMPLETED BY THE COURT**

- (1) Enter the name of the court in which the services are being rendered. Appropriate entries in this space are limited to the following:
  - Common Pleas
  - Municipal
  - Domestic Relations
  - Juvenile
  - County
  - Appeals
- (2) Enter the name of the county or city in which services are being rendered.
- (3) Clearly identify the plaintiff. If the plaintiff is the State of Ohio, write "State of Ohio" in this space. If the plaintiff is a municipality, village, etc., write in the name of the city, village, etc. If there is no plaintiff, leave this space blank.
- (4) Enter the name of the defendant or the party being represented.
- (5) Complete the "In re:" section, if applicable, for juvenile cases.
- (6) Enter the case number.
- (7) Enter the name of the attorney(s) for the defendant or party represented..
- (8) Check the box if the case is a capital/death penalty case.
- (9) Check the box of the type of expert expense being billed.
- (10) Enter the name of the offense with which the defendant was initially charged or for which the defendant was indicted.
- (11) Enter the ORC Section or Municipal Ordinance Section.
- (12) Enter the degree of the offense (e.g., F1, M4, etc.).
- (13) Indicate how the offense was disposed. Use only the following categories:
  - Advice Only
  - Affirmed
  - Bench Trial - Guilty
  - Bench Trial - Guilty Less Than Charge
  - Bench Trial - Not Guilty
  - Bench Trial - Not Guilty for Reason of Insanity
  - Bound Over
  - Client's Request
  - Conflict
  - Counsel Appointed
  - Deceased
  - Declined Review
  - Dismissed
  - Diversion
  - Incompetent
  - Jury Trial - Guilty
  - Jury Trial - Guilty Less Than Charge
  - Jury Trial - Not Guilty
  - Jury Trial - Not Guilty for Reason of Insanity
  - No Action Taken

- Not Indigent
- Plea - Alford
- Plea - No Contest
- Plea to Charge
- Plea to Less Than Charge
- Policy
- Reduced to Misdemeanor

- Referred To Other
- Represented By Other
- Retained Counsel
- Reversed
- Treatment in Lieu of Conviction
- Voluntarily Dismissed
- Warrant Issued

(14) Name of the attorney representing the defendant

(15) The attorney representing the defendant must sign and date the form.

(16) The judge must check one box declaring indigency.

(17) Enter the amount of the approved expert fees or expenses being paid directly by the court.

(18) Type or print the name of the judge presiding over the case.

(19) The judge presiding over the case must sign and date the form.

**TO BE COMPLETED BY THE COUNTY AUDITOR**

(20) Enter the name of the payee.

(21) Enter the payee's tax identification number.

(22) Enter the warrant number issued to the payee.

(23) Enter the warrant date of the warrant issued to the payee.

(24) Enter the amount paid to the payee.

(25) Enter the total of all warrants paid.

(26) Enter the county number (1-88).

(27) The county auditor must sign or stamp the form.

## REQUEST FOR COURT-PAID EXPERT EXPENSES

In the \_\_\_\_\_ (1) Court of \_\_\_\_\_ (2), Ohio.  
\_\_\_\_\_  
(3) Plaintiff Case No.: \_\_\_\_\_ (6)  
\_\_\_\_\_  
(4) Defendant/Party Represented Attorney(s) for the Defendant/Parties Represented:  
\_\_\_\_\_  
(7)  
In re: \_\_\_\_\_ (5)  Check if this is a capital/death penalty case  
(8)

### (9) TYPE OF EXPENSE

NGRI     Competency     Investigator     Interpreter     Other Expert

### CHARGES

Offense/Charge/Matter	ORC/City Code	Degree	Disposition
1. _____ (10)	_____ (11)	_____ (12)	_____ (13)
2. _____	_____	_____	_____
3. _____	_____	_____	_____

*List only the three most serious charges, beginning with the one of greatest severity and continuing in descending order.*

### ATTORNEY AFFIRMATION FOR COURT-PAID EXPENSES

I hereby affirm that all services including any written reports, evaluative findings, recommendations, interpretations, or other services were solely used for the defense of the accused and all information obtained as a result of these services were furnished solely to defense counsel and only disclosed to the court or prosecution, at the discretion of defense counsel.

\_\_\_\_\_  
(14) Name of Attorney      \_\_\_\_\_ (15) Attorney Signature      \_\_\_\_\_ Date

### DECLARATION OF INDIGENCE

The Court finds that the following expert expenses were ordered for use in the case of an indigent person, and that all rules and standards of the Ohio Public Defender Commission and State Public Defender have been met. Check one:

- A Financial Disclosure form (OPD-206R) for the Defendant/Party Represented is attached; or  
(16)  
 I hereby certify that the Defendant/Party Represented has been found indigent for purposes of these experts and/or expenses being provided at government expense.

IT IS THEREFORE ORDERED that the the expert fees and/or expenses attached be, and are hereby approved in the amount of \$ \_\_\_\_\_ (17). It is further ordered that the said amount be, and hereby is, certified by the Court to the County Auditor for payment.

\_\_\_\_\_  
(18) Name of Judge      \_\_\_\_\_ (19) Judge Signature      \_\_\_\_\_ Date

### AUDITOR'S CERTIFICATION

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

Payee	Tax ID (last 4 digits)	Warrant No.	Warrant Date	Amount
_____ (20)	_____ (21)	_____ (22)	_____ (23)	_____ (24)
<b>TOTAL</b>				_____ (25)
_____ (26) County Auditor Signature			_____ (27) Date	

**Instructions for Completing  
Financial Disclosure Form OPD-206R**

The following instructions are for the [Financial Disclosure form \(OPD-206R\)](#). For the purpose of these instructions, spaces requiring an entry have been numbered.

**TO BE COMPLETED BY THE APPLICANT**

- (1) Enter the name of the applicant.
- (2) Enter the applicant's date of birth. Use the Month/Day/Year format.
- (3) If the person being represented is a juvenile, enter the juvenile's name.
- (4) Enter the juvenile's date of birth. Use the format Month/Day/Year.
- (5) Enter the applicant's mailing address. Include P.O. Box number, street number, and apartment number where applicable, as well as the city, state, and zip code.
- (6) Enter the case number for which representation is being provided.
- (7) Enter the home phone number of the applicant. If there is no home phone, write "none" in this space.
- (8) Enter the cell phone number of the applicant. If there is no cell phone, write "none" in this space.
- (9) Enter the last four digits of the applicant's Social Security Number.
- (10) Enter the applicant's gender.
- (11) Enter the applicant's race.
- (12) Enter the names of other persons living in the applicant's household. These other persons may include children and other dependents as well as other financially contributing members of the household.
- (13) Enter the dates of birth of the other persons living in the applicant's household.
- (14) Enter the relationship to the applicant of the other persons living in the household. For example, to indicate the relationship of a female child of the applicant, this space should read "daughter," not "father" or "mother." If there are more than four other persons living in the applicant's household, attach an additional sheet that provides the same information for those not listed on the form.
- (15) If the applicant is receiving assistance from any governmental agency listed here, place an "X" next to that type of assistance.

*For each type of income, the applicant must enter his or her own earnings in the "Applicant" column and the spouse's earnings in the "Spouse" column. In the "Total" column, enter the total income from each type by adding the amounts across each row.*

- (16) Enter the gross monthly income of the applicant.

- (17) Enter any unemployment, Workers' Compensation, Child Support or any other type of income the applicant receives.
- (18) Enter the gross monthly income of the spouse (unless the spouse is the alleged victim).
- (19) Enter any unemployment, Workers' Compensation, Child Support or any other type of income the spouse receives.
- (20) Enter the sum of the employment income of both the applicant and the spouse.
- (21) Enter the sum of other types of income of both the applicant and the spouse.
- (22) Enter the total income for the household by adding together the amounts in the "Total Income" column.
- (23) Enter the name of the applicant's employer.
- (24) Enter the address of the employer.
- (25) Enter the phone number of the employer(s).

*In this section, the applicant must list the estimated value of each liquid asset.*

- (26) Enter the estimated value of all checking, savings, and money market accounts.
- (27) Enter the estimated value of all stocks, bonds and CDs owned by the applicant.
- (28) Enter any other liquid assets or cash on hand owned by the applicant.
- (29) Enter the total liquid assets by adding together the amounts in the "Estimated Value" column.

*List monthly household expenses for the following:*

- (30) Enter amount of monthly child support actually paid for children not residing in the applicant's household.
- (31) Enter the amount of monthly child care costs. This expense may not be claimed if any adult member of the applicant's household is unemployed.
- (32) Enter monthly cost of all insurance (medical, dental, life, homeowners insurance, renter's insurance, automobile insurance, etc.) costs.
- (33) Enter monthly cost of all health and dental care that is over and above the amount paid for medical and dental insurance (this may include prescription medications, co-payments, the payment of deductibles, etc.) and all medical expenses and other expenses incurred in caring for sick or injured family members.
- (34) Enter monthly payment made for rent or mortgage.
- (35) Enter monthly amount spent on food by the applicant's household. The dollar value of food purchased with food stamps should be included in the amount entered.
- (36) Enter total of expenses in this column.
- (37) Enter monthly telephone expenses.

- (38) Enter monthly transportation expenses. This may include bus fare or gasoline and parking expenses, but not auto insurance or repairs.
- (39) Enter amount of taxes withheld or owed. This may include the monthly amount of federal, state, and local taxes owed by the applicant, including current taxes withheld by the employer as well as past tax debt that is currently being repaid.
- (40) Enter monthly payment of all credit cards and loans. This includes the total of the minimum monthly payments currently owed on all major credit cards, department store cards, or independent credit cards held by the applicant. This also includes the total monthly payments on all loans including student loans, automobile loans, and loans for other purposes. Home mortgages are not to be included in this category.
- (41) Enter monthly utility expenses, including gas, electric, water/sewer, and trash.
- (42) Enter any other monthly expenses, and specify what those expenses are.
- (43) Enter total of expenses in this column.
- (44) Print or type the name of the applicant.
- (45) Enter the signature and date of the applicant.

**TO BE COMPLETED BY THE JUDGE**

*This section of the form should only be completed if the applicant is unable to fill out the Financial Disclosure Form. In such a case, the judge may indicate by his or her signature that the applicant is indeed indigent.*

- (46) List the reason the client is unable to sign the form.
- (47) The judge must sign and date any form that cannot be properly completed by the applicant.

**TO BE COMPLETED IF THE DEFENDANT IS A JUVENILE**

- (48) Enter the gross monthly income of the custodial parents.
- (49) Enter any unemployment, Workers' Compensation, Child Support or any other type of income the custodial parents receive.
- (50) Enter the total income of the custodial parents.

**FINANCIAL DISCLOSURE FORM**

(\$25.00 application fee may be assessed—see notice on reverse side)

**I. PERSONAL INFORMATION**

Applicant's Name (1)		D.O.B. (2)	Name of Person Being Represented (if juvenile) (3)		D.O.B. (4)
Mailing Address (5)			City (5)	State (5)	Zip Code (5)
Case No. (6)			Phone ( ) (7)	Cell Phone ( ) (8)	
SSN Last 4 (9)	Gender (10)	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Spanish or Latino <input type="checkbox"/> White <input type="checkbox"/> Other (11)			

**II. OTHER PERSONS LIVING IN HOUSEHOLD**

Name 1)	D.O.B. (12)	Relationship (13)	Name 3)	D.O.B. (14)	Relationship (15)
2)			4)		

**III. PRESUMPTIVE ELIGIBILITY**

The appointment of counsel is presumed if the person represented meets any of the qualifications below. Please place an 'X'

Ohio Works First / TANF: \_\_\_ SSI: \_\_\_ SSD: \_\_\_ Medicaid: \_\_\_ Poverty Related Veterans' Benefits: \_\_\_ Food Stamps: \_\_\_

Refugee Settlement Benefits: \_\_\_ Incarcerated in state penitentiary: \_\_\_ Committed to a Public Mental Health Facility: \_\_\_ (15)

Other (please describe): \_\_\_\_\_ Juvenile: \_\_\_ (if juvenile, please continue at Section VIII)

**IV. INCOME AND EMPLOYER**

	Applicant (16)	Spouse (Do not include spouse's income if spouse is alleged victim) (18)	Total Income (20)
Gross Monthly Employment Income			
Unemployment, Worker's Compensation, Child Support, Other Types of Income	(17)	(19)	(21)
<b>TOTAL INCOME</b>			<b>\$ (22)</b>

Employer's Name: \_\_\_\_\_ (23) Phone Number: \_\_\_\_\_ (25)

Employer's Address: \_\_\_\_\_ (24)

**V. LIQUID ASSETS**

Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	\$ (26)
Stocks, Bonds, CDs	\$ (27)
Other Liquid Assets or Cash on Hand	\$ (28)
<b>Total Liquid Assets</b>	<b>\$ (29)</b>

**VI. MONTHLY EXPENSES**

Type of Expense	Amount	Type of Expense	Amount
Child Support Paid Out	(30)	Telephone	(37)
Child Care (if working only)	(31)	Transportation / Fuel	(38)
Insurance (medical, dental, auto, etc.)	(32)	Taxes Withheld or Owed	(39)
Medical / Dental Expenses or Associated Costs of Caring for Infirm Family Member	(33)	Credit Card, Other Loans	(40)
Rent / Mortgage	(34)	Utilities (Gas, Electric, Water / Sewer, Trash)	(41)
Food	(35)	Other (Specify)	(42)
<b>EXPENSES</b>	<b>\$ (36)</b>	<b>EXPENSES</b>	<b>\$ (43)</b>

**VII. DETERMINATION OF INDIGENCY**

If applicant's Total Income in Section IV is at or below 187.5% of the Federal Poverty Guidelines, counsel must be appointed.  
 For applicants whose Total Income in Section IV is above 125% of the Federal Poverty Guidelines, see recoupment notice in Section XI.  
 If applicant's Liquid Assets in Section V exceed figures provided in OAC 120-1-03, appointment of counsel may be denied if applicant can employ counsel using those liquid assets.  
 If applicant's Total Income falls above 187.5% of Federal Poverty Guidelines, but applicant is financially unable to employ counsel after paying monthly expenses in Section VI, counsel must be appointed.

**VIII. \$25.00 APPLICATION FEE NOTICE**

By submitting this Financial Disclosure form, you will be assessed a non-refundable \$25.00 application fee unless waived or reduced by the court. If assessed, the fee is to be paid to the clerk of courts within 7 days of submitting this form to the entity that will make a determination regarding your indigency. No applicant may be denied counsel based upon failure or inability to pay this fee.

**IX. APPLICANT CERTIFICATION**

I, \_\_\_\_\_ (44) \_\_\_\_\_ (applicant or alleged delinquent child) state:

1. I am financially unable to retain private counsel without substantial hardship to me or my family.
2. I understand that I must inform the public defender or appointed attorney if my financial situation should change before the disposition of the case(s) for which representation is being provided.
3. I understand that if it is determined by the county or the court that legal representation should not have been provided, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
4. I understand that I am subject to criminal charges for providing false financial information in connection with this application for legal representation, pursuant to Ohio Revised Code sections 120.05 and 2921.13.
5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

\_\_\_\_\_  
Signature (45) Date

**X. JUDGE CERTIFICATION**

I hereby certify that the above-noted applicant is unable to fill out and/or sign this financial disclosure for the following reason: \_\_\_\_\_ (46) \_\_\_\_\_. I have determined that the party represented meets the criteria for receiving court-appointed counsel.

\_\_\_\_\_  
Judge's Signature (47) Date

**XI. NOTICE OF RECOUPMENT**

ORC §120.03 allows for county recoupment programs. Any such program may not jeopardize the quality of defense provided or act to deny representation to qualified applicants. No payments, compensation, or in-kind services shall be required from an applicant or client whose income falls below 125% of the federal poverty guidelines. See OAC 120-1-05.

Through recoupment, an applicant or client may be required to pay for **part** of the cost of services rendered, if he or she can reasonably be expected to pay. See ORC §2941.51(D)

**XII. JUVENILE'S PARENTS' INCOME\* – FOR RECOUPMENT PURPOSES ONLY – NOT FOR APPOINTMENT OF COUNSEL**

	Custodial Parents' Income (Do not include parents' income if parent or relative is alleged victim)	Total
Employment Income (Gross)	(48)	
Unemployment, Workers Compensation, Child Support, Other Types of Income	(49)	
	<b>TOTAL INCOME</b>	<b>\$ (50)</b>

\*Please complete Section VI on page 1 of this form if you would like the court to consider your monthly expenses when determining the amount of recoupment which you can reasonably be expected to pay.

**Instructions for Completing  
Monthly Operating Expenses and Caseload Report  
for County Public Defender Offices  
Form OPD-E-501**

The following instructions are for the [Monthly Operating Expenses and Caseload Report for County Public Defender Offices form \(OPD-E-501\)](#). For the purpose of these instructions, spaces requiring an entry have been numbered. These instructions also apply to Joint County Public Defender Offices and non-profit organizations with which counties have contracted to serve as the County Public Defender Office.

**TO BE COMPLETED BY THE COUNTY AUDITOR**

- (1) Enter the name of the county served by the public defender office.
- (2) Enter the month and year for which reimbursement is requested on this form.

*For each type of expenditure indicated in spaces numbered (3) through (19), please enter expenditures for only the month and year indicated at number (2).*

- (3)-(6) Enter total expenditures for salaries of each category of employee.
- (7) Enter total expenditures for employee benefits (fringes) for employees including PERS or other retirement benefits and healthcare benefits.
- (8) Enter total expenditures for supplies.
- (9) Enter total expenditures for the purchase of equipment or non-contractual repair of equipment.
- (10) Enter total expenditures for contract services with attorneys.
- (11) Enter total expenditures for contract services with experts.
- (12) Enter total expenditures for contract services with investigators.
- (13) Enter total expenditures for contract services for repairs (e.g. repairs of equipment).
- (14) Enter total expenditures for any other contract services not otherwise listed.
- (15) Enter total expenditures for travel costs.
- (16) Enter total expenditures for office space and facilities.
- (17) Enter approved monthly cost allocation.
- (18) Enter total expenditures for transcripts.
- (19) Enter any other expenses not included in the above categories. Please attach a separate sheet detailing these expenses.
- (20) Enter the subtotal of expenses listed in spaces (3) through (19).
- (21) Enter the amount of federal funds expended during the month. This figure represents the amount of total expenditures listed in (20) above that were from federal funds. Federal funds are those which

were received in either the current or a prior month, but which were expended in the current month. This adjustment to "total cost" is required pursuant to [R.C. 120.18\(A\)](#).

- (22) Enter the amount of non-governmental funds from other sources expended during the month. This figure represents the amount of total expenditures listed in (20) above which were either non-federal grants or gifts. This adjustment to "total cost" is required pursuant to [R.C. 120.18\(A\)](#).

**Note:** This does not include funds collected from clients. A portion of all funds collected from clients under reimbursement, recoupment, contribution, or partial payment programs must be paid directly to the Ohio Public Defender. See [section \(C\)](#) of the Ohio Public Defender County Public Defender Office Reimbursement Standards.

- (23) Enter the grand total of allowable expenditures. From space (20) subtract spaces (21) and (22) from the sum.

(24) The county auditor must sign the form in this space.

(25) Enter the date the form is signed by the county auditor.

**TO BE COMPLETED BY THE COUNTY PUBLIC DEFENDER**

(26) Enter the name of the county being served by the public defender office.

(27) Enter the month and year corresponding to the caseloads listed on the form.

*For each type of case in spaces (28) through (53) please enter the number of cases opened for the month indicated at number (27) only.*

(28) Enter the number of felony non-capital cases.

(29) Enter the number of felony capital cases.

(30) Enter the number of felony revocation or community control violation cases.

(31) Enter the number of felony charges/cases in Municipal Court.

(32) Enter the number of all other felony cases or proceedings not already classified above.

(33) Enter the total number of all felony cases.

(34) Enter the number of new non-traffic misdemeanor cases.

(35) Enter the number of new traffic misdemeanor cases.

(36) Enter the number of misdemeanor revocation or community control violation cases.

(37) Enter the number of all other misdemeanor cases not already classified above.

(38) Enter the total number of all misdemeanor cases.

(39) Enter number of juvenile delinquency cases.

(40) Enter number of juvenile violation cases/proceedings.

(41) Enter the number of juvenile abuse, dependency, or neglect cases.

- (42) Enter the number of juvenile Guardian ad Litem cases.
- (43) Enter the number of all other juvenile cases not already classified above.
- (44) Enter the total number of all juvenile cases.
- (45) Enter the number of capital appeal cases.
- (46) Enter the number of all other appeal cases.
- (47) Enter the number of capital Supreme Court of Ohio cases.
- (48) Enter the number of all other Supreme Court of Ohio cases.
- (49) Enter the number of non-capital post conviction petition cases in any court, brought pursuant to [RC 2953.21-RC 2953.23](#).
- (50) Enter the number of habeas corpus cases in any court.
- (51) Enter the number extradition cases in any court.
- (52) Enter the number of contempt cases (all types of contempt) in any court.
- (53) Enter the number of all other cases not already classified above in any court.
- (54) Enter the number of cases in all courts.
- (55) Enter the name of the county public defender or designee.
- (56) The county public defender, or his or her designee, must sign the form.
- (57) Enter the date the form was signed by the county public defender, or his or her designee.





**Instructions for Completing  
Monthly Assigned Counsel Summary Report**

The following instructions are for the [Monthly Assigned Counsel Summary Report](#). For the purpose of these instructions, spaces requiring an entry have been numbered.

- (1) Enter the name of the county
- (2) Enter the process month being submitted
- (3) Enter the process year being submitted

**CAPITAL**

- (4) Count and enter the total number of all Capital Attorney certifications
- (5) Count and enter the total number of all Capital Expert certifications
- (6) Count and enter the total number of all Capital Transcript certifications
- (7) Count and enter the total number of all Capital Investigator certifications
- (8) Count and enter the total number of all other Capital certification
- (9) Enter the total dollar amount of Capital certifications represented in line (4 - 8)

**FELONY**

- (10) Count and enter the total number of Felony certifications
- (11) Count and enter the total number of Felony Revocation and/or Community Control Violations
- (12) Count and enter the total number of Felony charges in Municipal Court
- (13) Count and enter the total number of all other Felony certifications not already classified above
- (14) Enter the sum of lines (10 - 13)
- (15) Enter the total dollar amount of all Felony certifications classified above in lines (10 - 13)

**MISDEMEANOR**

- (16) Count and enter the total number of traffic misdemeanor certifications
- (17) Count and enter the total number of non-traffic misdemeanor certifications
- (18) Count and enter the total number of misdemeanor revocation and/or community control violations
- (19) Count and enter the total number of all other misdemeanor certifications not already classified above
- (20) Enter the sum of lines (16 - 19)
- (21) Enter the total dollar amount of all traffic misdemeanor certifications classified above in line (16)
- (22) Enter the total dollar amount of all criminal misdemeanor certifications classified above in lines (17 - 19)

**JUVENILE**

- (23) Count and enter the total number of delinquency certifications (Non-GAL)
- (24) Count and enter all violation of court orders, probation violations, community control violations, early release violations, etc. (Non-GAL)
- (25) Count and enter the total number of abuse, neglect and dependency certifications (Non-GAL)
- (26) Count and enter the total number of all Guardian ad Litem certifications (GAL)
- (27) Count and enter the total number of all other juvenile certifications not already classified above in lines (19 – 22)
- (28) Enter the sum of lines (23 - 27)
- (29) Enter the total dollar amount of all juvenile certifications classified above in lines (23 - 27)

**APPELLATE COURT**

- (30) Count and enter the total number of all (Non-Capital) Appellate Court certifications
- (31) Enter the total dollar amount of all other Appellate Court certifications classified above in line (30)

**SUPREME COURT**

- (32) Count and enter the total number of all (Non-Capital) Supreme Court certifications
- (33) Enter the total dollar amount of all other Supreme Court certifications classified above in line (32)

**MISCELLANEOUS -ALL COURTS**

- (34) Count and enter the total number of all contempt actions in all courts
- (35) Count and enter the total number of all other attorney certifications not classified elsewhere
- (36) Enter the total dollar amount of all miscellaneous certifications classified above in lines (34 and 35)

**EXPENSES – ALL COURTS**

- (37) Count and enter the total number of all (Non-Capital) Expert certifications for all courts
- (38) Enter the total dollar amount of all Experts certifications for all courts classified above in line (37)
- (39) Count and enter the total number of (Non-Capital) Transcript certifications for all courts
- (40) Enter the total dollar amount of all Transcript certifications for all courts classified above in line (39)
- (41) Count and enter the total number of all (Non-Capital) Investigator certifications for all courts
- (42) Enter the total dollar amount of all Investigator certifications for all courts classified above in line (41)
- (43) Enter the total travel expense of all attorney certifications for all courts (do not include travel expenses for experts or investigators)
- (44) Count and enter the total number of all certifications (sum of lines 4,5,6,7,8,14,20,28,30,32,34,35,37,39,41)
- (45) Enter the total dollar amount of all certifications ( sum of lines 15,21 22,29,31,33,36,38,40,42.43)

**CERTIFICATION**

- (46) Auditor must sign
- (47) Date of Auditor’s signature

**Office of the Ohio Public Defender**  
**MONTHLY ASSIGNED COUNSEL SUMMARY REPORT**

County \_\_\_\_\_(1)\_\_\_\_\_ Month \_\_\_\_\_(2)\_\_\_\_\_ Year \_\_\_\_ (3)\_\_\_\_

**TRIAL COURTS**

**Capital Certifications**

**Count**

All Capital Attorney Certifications \_\_\_\_\_(4)\_\_\_\_\_

All Capital Expert Certifications \_\_\_\_\_(5)\_\_\_\_\_

All Capital Transcript Certifications \_\_\_\_\_(6)\_\_\_\_\_

All Capital Investigator Certifications \_\_\_\_\_(7)\_\_\_\_\_

All Other Capital Certifications \_\_\_\_\_(8)\_\_\_\_\_

Amount submitted in Capital Certifications \$ \_\_\_\_\_(9)\_\_\_\_\_

**Felony Certifications**

**Count**

New Charge (Non-Capital) \_\_\_\_\_(10)\_\_\_\_\_

Revocation/Community Control Violation \_\_\_\_\_(11)\_\_\_\_\_

Felony Preliminary Hearing in Municipal \_\_\_\_\_(12)\_\_\_\_\_

All Other Felony Cases or Proceedings \_\_\_\_\_(13)\_\_\_\_\_

Total Felony Certifications \_\_\_\_\_(14)\_\_\_\_\_

Amount submitted in Felony Certifications \$ \_\_\_\_\_(15)\_\_\_\_\_

**Misdemeanor Certifications**

**Count**

New Charge (Traffic) \_\_\_\_\_(16)\_\_\_\_\_

New Charge (Non-Traffic) \_\_\_\_\_(17)\_\_\_\_\_

Revocation/Community Control Violation \_\_\_\_\_(18)\_\_\_\_\_

All Other Misdemeanor Cases or Proceedings \_\_\_\_\_(19)\_\_\_\_\_

Total Misdemeanor Certifications \_\_\_\_\_(20)\_\_\_\_\_

All Misdemeanor (Traffic) Certifications \$ \_\_\_\_\_(21)\_\_\_\_\_

All Other Misdemeanor Certifications \$ \_\_\_\_\_(22)\_\_\_\_\_

**Juvenile Certifications**

**Count**

New Charge (Delinquency) \_\_\_\_\_(23)\_\_\_\_\_

\*Violation Proceeding<sup>1</sup> \_\_\_\_\_(24)\_\_\_\_\_

Abuse, Dependency or Neglect \_\_\_\_\_(25)\_\_\_\_\_

Guardian ad Litem \_\_\_\_\_(26)\_\_\_\_\_

All Other Juvenile Offenses \_\_\_\_\_(27)\_\_\_\_\_

Total Juvenile Certifications \_\_\_\_\_(28)\_\_\_\_\_

Amount submitted in Juvenile Certifications \$ \_\_\_\_\_(29)\_\_\_\_\_

<sup>1</sup>For purposes of this form, violation proceeding refers to violations of community control, violations of a court order, and violations of supervised release.

**APPELLATE COURT**

**Appellate Certifications**

**Count**

All (Non-Capital) Appellate Court Certifications

\_\_\_\_\_ (30) \_\_\_\_\_

Amount submitted in Appellate Court certifications

\$ \_\_\_\_\_ (31) \_\_\_\_\_

**SUPREME COURT**

**Supreme Court Certifications**

**Count**

All (Non-Capital) Supreme Court Certifications

\_\_\_\_\_ (32) \_\_\_\_\_

Amount Submitted in Supreme Court Certifications

\$ \_\_\_\_\_ (33) \_\_\_\_\_

**MISCELLANEOUS—ALL COURTS**

**Number of Miscellaneous Certifications—All Courts**

**Count**

All Contempt Charges or Proceedings

\_\_\_\_\_ (34) \_\_\_\_\_

Any Other Offenses or Proceedings not elsewhere specified

\_\_\_\_\_ (35) \_\_\_\_\_

Amount submitted in Miscellaneous Certifications

\$ \_\_\_\_\_ (36) \_\_\_\_\_

**EXPENSES—ALL COURTS**

All (Non-Capital) Expert Certifications

\_\_\_\_\_ (37) \_\_\_\_\_

Amount submitted for Expert Expenses

\$ \_\_\_\_\_ (38) \_\_\_\_\_

All (Non-Capital) Transcript Certifications

\_\_\_\_\_ (39) \_\_\_\_\_

Amount submitted for Transcript Certifications

\$ \_\_\_\_\_ (40) \_\_\_\_\_

All (Non-Capital) Investigator Certifications

\_\_\_\_\_ (41) \_\_\_\_\_

Amount submitted for Investigator Certifications

\$ \_\_\_\_\_ (42) \_\_\_\_\_

Amount submitted for Appointed Counsel Travel Expenses

\$ \_\_\_\_\_ (43) \_\_\_\_\_

**Total Number of Certifications (All Courts - All Expenses)**

\$ \_\_\_\_\_ (44) \_\_\_\_\_

**Total Amount submitted for all Non-Capital Certifications**

\$ \_\_\_\_\_ (45) \_\_\_\_\_

**Auditor Certification**

The County Auditor in executing this certification attests to the accuracy of this report.

\_\_\_\_\_ (46) \_\_\_\_\_  
Signature of Auditor

\_\_\_\_\_ (47) \_\_\_\_\_  
Date

## BLANK FORMS

**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 <i>List only the three most serious charges</i>	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 \_\_\_\_\_





**SUPREME COURT OF OHIO**  
**MOTION, ENTRY, AND CERTIFICATION FOR APPOINTED COUNSEL FEES**

State of Ohio,  
 Plaintiff

V.

Defendant

Supreme Court No. \_\_\_\_\_

Appeals Court No. \_\_\_\_\_

Trial Court No. \_\_\_\_\_

**MOTION FOR APPROVAL OF PAYMENT OF APPOINTED COUNSEL FEES AND EXPENSES**

The undersigned, having been previously appointed counsel for the defendant for the appeal to this court, as evidenced by the attached entry of appointment, now moves for an order approving payment of fees earned and expenses incurred as reflected by the itemized statement of the reverse hereof, pursuant to R.C. 2941.51.

Hours Worked: 

IN COURT	OUT OF COURT
----------	--------------

 Expenses (if any): \$

O.R.C. charge section number, name and classification

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

SUPREME COURT DECISION	TERMINATION DATE
------------------------	------------------

ATTORNEY'S NAME	ATTORNEY'S SIGNATURE
-----------------	----------------------

ATTORNEY'S ADDRESS	NUMBER AND STREET	CITY	STATE	ZIP
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**INFORMATION BELOW TO BE COMPLETED BY SUPREME COURT AND COUNTY AUDITOR ONLY**

**JUDGMENT ENTRY**

This court finds that counsel performed the legal services set forth in the itemized statement on the reverse hereof, and that the fees and expenses hereinafter approved are reasonable. IT IS THEREFORE ORDERED that appointed counsel fees are approved in the sum of \$ \_\_\_\_\_ and expense in the sum of \$ \_\_\_\_\_ for a total allowance of \$ \_\_\_\_\_, which amount is ordered certified to the \_\_\_\_\_ County Auditor for payment.

\_\_\_\_\_  
 CHIEF JUSTICE

**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 \_\_\_\_\_



**CLERK'S/AUDITOR'S TRANSCRIPT FEE FOR AN INDIGENT DEFENDANT**

Revised Code 2301.24-25

In the \_\_\_\_\_ Court of \_\_\_\_\_, Ohio.

Plaintiff: \_\_\_\_\_

Case No. \_\_\_\_\_

v. \_\_\_\_\_  
*Defendant/Party Represented*

Attorney(s) for the Defendant/Party Represented:  
\_\_\_\_\_

In re: \_\_\_\_\_

\_\_\_\_\_

**CLERK OF COURTS CERTIFICATION**

I, the Clerk of Courts, hereby certify that \_\_\_\_\_, \_\_\_\_\_, is  
*(Court Reporter's Name)* *(Last 4 digits of Court Reporter's Tax ID)*  
hereby an official/acceptable stenographer of said court and is entitled to the following fees for making transcript(s) of:

\_\_\_\_\_  
Clerk's Signature Date

The transcript is ordered by the court for use by the Defendant or the Defendant's attorney in the following type of proceeding:

- \_\_\_ Felony, misdemeanor, or juvenile proceeding
- \_\_\_ Appeals proceeding
- \_\_\_ Postconviction proceeding
- \_\_\_ Other (explain) \_\_\_\_\_
- \_\_\_ Capital/death penalty trial proceeding
- \_\_\_ Capital/death penalty appeals proceeding
- \_\_\_ Capital/death penalty postconviction proceeding

**Date which above checked proceeding terminated:** \_\_\_\_\_ OR **Still Pending** (check if pending)

Original transcript of \_\_\_\_\_ pages or folio at the rate of \$ \_\_\_\_\_ per page or folio = \$ \_\_\_\_\_

Copy of transcript of \_\_\_\_\_ pages or folio at the rate of \$ \_\_\_\_\_ per page or folio = \$ \_\_\_\_\_

**NOTE: A COPY OF THE COURT REPORTER'S BILLING MUST BE ATTACHED** TOTAL \$ \_\_\_\_\_

**JUDGMENT ENTRY & DECLARATION OF INDIGENCE**

The court finds that the transcript was ordered for use in the case of an indigent person, and that all rules and standards of the Ohio Public Defender Commission and State Public Defender have been met.

Check one:

A Financial Disclosure form (OPD-206R) for the Defendant/Party Represented is attached to this document.  
OR

I hereby certify that the Defendant/Party Represented has been found indigent for purposes of receiving this transcript at government expense.

IT IS THEREFORE ORDERED that the transcript fees 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.

\_\_\_\_\_  
Judge's Name (type or print) Judge's Signature Date

**AUDITOR'S CERTIFICATION**

The County Auditor in executing this certificate attests that the transcript was a true and accurate expense of said county's court.

County Number \_\_\_\_\_ Warrant Number \_\_\_\_\_ Warrant Date \_\_\_\_\_

\_\_\_\_\_  
County Auditor's Signature



## FINANCIAL DISCLOSURE FORM

(\$25.00 application fee may be assessed— see notice on reverse side)

### I. PERSONAL INFORMATION

Applicant's Name		D.O.B.	Name of Person Being Represented <i>(if juvenile)</i>		D.O.B.
Mailing Address			City	State	Zip Code
Case No.			Phone ( )	Cell Phone ( )	
SSN Last 4	Gender	Race			
		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Spanish or Latino <input type="checkbox"/> White <input type="checkbox"/> Other			

### II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	D.O.B.	Relationship	Name	D.O.B.	Relationship
1)			3)		
2)			4)		

### III. PRESUMPTIVE ELIGIBILITY

The appointment of counsel is presumed if the person represented meets any of the qualifications below. Please place an 'X'

Ohio Works First / TANF: \_\_\_\_ SSI: \_\_\_\_ SSD: \_\_\_\_ Medicaid: \_\_\_\_ Poverty Related Veterans' Benefits: \_\_\_\_ Food Stamps: \_\_\_\_

Refugee Settlement Benefits: \_\_\_\_ Incarcerated in state penitentiary: \_\_\_\_ Committed to a Public Mental Health Facility: \_\_\_\_

Other (please describe): \_\_\_\_\_ Juvenile: \_\_\_\_ *(if juvenile, please continue at Section VIII)*

### IV. INCOME AND EMPLOYER

	Applicant	Spouse <small>(Do not include spouse's income if spouse is alleged victim)</small>	Total Income
Gross Monthly Employment Income			
Unemployment, Worker's Compensation, Child Support, Other Types of Income			
<b>TOTAL INCOME</b>			<b>\$</b>
Employer's Name: _____ Phone Number: _____			
Employer's Address: _____			

### V. LIQUID ASSETS

Type of Asset	Estimated Value
Checking, Savings, Money Market Accounts	\$
Stocks, Bonds, CDs	\$
Other Liquid Assets or Cash on Hand	\$
<b>Total Liquid Assets</b>	<b>\$</b>

### VI. MONTHLY EXPENSES

Type of Expense	Amount	Type of Expense	Amount
Child Support Paid Out		Telephone	
Child Care (if working only)		Transportation / Fuel	
Insurance (medical, dental, auto, etc.)		Taxes Withheld or Owed	
Medical / Dental Expenses or Associated Costs of Caring for Infirm Family Member		Credit Card, Other Loans	
Rent / Mortgage		Utilities (Gas, Electric, Water / Sewer, Trash)	
Food		Other (Specify)	
<b>EXPENSES</b>	<b>\$</b>	<b>EXPENSES</b>	<b>\$</b>

### VII. DETERMINATION OF INDIGENCY

If applicant's Total Income in Section IV is at or below 187.5% of the Federal Poverty Guidelines, counsel must be appointed.

For applicants whose Total Income in Section IV is above 125% of the Federal Poverty Guidelines, see recoupment notice in Section XI.

If applicant's Liquid Assets in Section V exceed figures provided in OAC 120-1-03, appointment of counsel may be denied if applicant can employ counsel using those liquid assets.

If applicant's Total Income falls above 187.5% of Federal Poverty Guidelines, but applicant is financially unable to employ counsel after paying monthly expenses in Section VI, counsel must be appointed.

**VIII. \$25.00 APPLICATION FEE NOTICE**

By submitting this Financial Disclosure Form, you will be assessed a non-refundable \$25.00 application fee unless waived or reduced by the court. If assessed, the fee is to be paid to the clerk of courts within 7 days of submitting this form to the entity that will make a determination regarding your indigency. No applicant may be denied counsel based upon failure or inability to pay this fee.

**IX. APPLICANT CERTIFICATION**

I, \_\_\_\_\_ (applicant or alleged delinquent child) state:

1. I am financially unable to retain private counsel without substantial hardship to me or my family.
2. I understand that I must inform the public defender or appointed attorney if my financial situation should change before the disposition of the case(s) for which representation is being provided.
3. I understand that if it is determined by the county or the court that legal representation should not have been provided, I may be required to reimburse the county for the costs of representation provided. Any action filed by the county to collect legal fees hereunder must be brought within two years from the last date legal representation was provided.
4. I understand that I am subject to criminal charges for providing false financial information in connection with this application for legal representation, pursuant to Ohio Revised Code sections 120.05 and 2921.13.
5. I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**X. JUDGE CERTIFICATION**

I hereby certify that the above-noted applicant is unable to fill out and/or sign this financial disclosure for the following reason: \_\_\_\_\_. I have determined that the party represented meets the criteria for receiving court-appointed counsel.

\_\_\_\_\_  
Judge's Signature

\_\_\_\_\_  
Date

**XI. NOTICE OF RECOUPMENT**

ORC. §120.03 allows for county recoupment programs. Any such program may not jeopardize the quality of defense provided or act to deny representation to qualified applicants. No payments, compensation, or in-kind services shall be required from an applicant or client whose income falls below 125% of the federal poverty guidelines. See OAC 120-1-05.

Through recoupment, an applicant or client may be required to pay for **part** of the cost of services rendered, if he or she can reasonably be expected to pay. See ORC §2941.51(D)

**XII. JUVENILE'S PARENTS' INCOME\* – FOR RECOUPMENT PURPOSES ONLY – NOT FOR APPOINTMENT OF COUNSEL**

	Custodial Parents' Income (Do not include parents' income if parent or relative is alleged victim)	Total
Employment Income (Gross)		
Unemployment, Workers Compensation, Child Support, Other Types of Income		
	<b>TOTAL INCOME</b>	<b>\$</b>

\*Please complete Section VI on page 1 of this form if you would like the court to consider your monthly expenses when determining the amount of recoupment which you can reasonably be expected to pay.

# Monthly Operating Expenses and Caseload Report for County Public Defender

Office **Operating Expenses Report for: County** \_\_\_\_\_ **Month/Year** \_\_\_\_\_

Salaries:

Attorneys \_\_\_\_\_

Investigators \_\_\_\_\_

Social Workers \_\_\_\_\_

Support Staff \_\_\_\_\_

Fringes (All Employees): \_\_\_\_\_

Supplies: \_\_\_\_\_

Equipment: \_\_\_\_\_

Contract Services:

Attorneys \_\_\_\_\_

Experts \_\_\_\_\_

Investigators \_\_\_\_\_

Repairs \_\_\_\_\_

All Other \_\_\_\_\_

Travel: \_\_\_\_\_

Rental & Facilities: \_\_\_\_\_

Cost Allocation: \_\_\_\_\_

Transcripts: \_\_\_\_\_

Other Expenses (Please Specify): \_\_\_\_\_

**SUB TOTAL** \_\_\_\_\_

Less Federal Funds Expended: \_\_\_\_\_

Less Other Funds Expended: \_\_\_\_\_

**GRAND TOTAL** \_\_\_\_\_

## AUDITOR'S CERTIFICATION

The County Auditor in executing this certification attests to the accuracy of the figures contained herein and further certifies that the County Commissioners have approved this sum for payment.

\_\_\_\_\_  
Signature of Auditor

\_\_\_\_\_  
Date

Opened Caseload Report for: County \_\_\_\_\_ Month/Year \_\_\_\_\_

**TRIAL COURTS**

**Felony**

New Charge (Non-Capital) \_\_\_\_\_  
New Charge (Capital) \_\_\_\_\_  
Revocation/Community Control Violation \_\_\_\_\_  
Felony Preliminary Hearing in Municipal \_\_\_\_\_  
All Other Felony Cases/Proceedings \_\_\_\_\_

**Total Felony Cases** \_\_\_\_\_

**Misdemeanor**

New Charge (Non-Traffic) \_\_\_\_\_  
New Charge (Traffic) \_\_\_\_\_  
Revocation/Community Control Violation \_\_\_\_\_  
All Other Misdemeanor Cases/Proceedings \_\_\_\_\_

**Total Misdemeanor Cases** \_\_\_\_\_

**Juvenile**

New Charge \_\_\_\_\_  
\*Violation Proceeding\*<sup>1</sup> \_\_\_\_\_  
Abuse, Dependency or Neglect \_\_\_\_\_  
Guardian ad Litem \_\_\_\_\_  
All Other Juvenile Cases/Proceedings \_\_\_\_\_

**Total Juvenile Cases** \_\_\_\_\_

**APPELLATE COURT**

Capital \_\_\_\_\_  
All Other Offenses or Proceedings \_\_\_\_\_

**SUPREME COURT**

Capital \_\_\_\_\_  
All Other Offenses or Proceedings \_\_\_\_\_

**MISCELLANEOUS — ALL COURTS**

Non-Capital Post Conviction Petitions  
(RC 2953.21 – RC 2953.23) \_\_\_\_\_  
Habeas Corpus \_\_\_\_\_  
Extraditions \_\_\_\_\_  
All Contempt Proceedings \_\_\_\_\_  
Any Other Cases/Proceedings  
Not Otherwise Specified \_\_\_\_\_

**TOTAL NUMBER – ALL CASES OPENED** \_\_\_\_\_

**CERTIFICATION**

I \_\_\_\_\_ hereby certify that all persons provided representation by this office during the month covered by this report were indigent under the standards of the Ohio Public Defender Commission, R.C. 120.15(D) or 120.25(D), and that all information contained in this report is accurate.

\_\_\_\_\_  
Signature of Public Defender

\_\_\_\_\_  
Date

<sup>1</sup>For purposes of this form, violation proceeding refers to violations of community control, violations of a court order, and violations of supervised release.

**Office of the Ohio Public Defender**  
**MONTHLY ASSIGNED COUNSEL SUMMARY REPORT**

County \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**TRIAL COURTS**

<b>Capital Certifications</b>	<b>Count</b>
All Capital Attorney Certifications	_____
All Capital Expert Certifications	_____
All Capital Transcript Certifications	_____
All Capital Investigator Certifications	_____
All Other Capital Certifications	_____
Amount submitted in Capital Certifications	\$ _____

<b>Felony Certifications</b>	<b>Count</b>
New Charge (Non-Capital)	_____
Revocation/Community Control Violation	_____
Felony Preliminary Hearing in Municipal	_____
All Other Felony Cases or Proceedings	_____
Total Felony Certifications	_____
Amount submitted in Felony Certifications	\$ _____

<b>Misdemeanor Certifications</b>	<b>Count</b>
New Charge (Traffic)	_____
New Charge (Non-Traffic)	_____
Revocation/Community Control Violation	_____
All Other Misdemeanor Cases or Proceedings	_____
Total Misdemeanor Certifications	_____
All Misdemeanor (Traffic) Certifications	\$ _____
All Other Misdemeanor Certifications	\$ _____

<b>Juvenile Certifications</b>	<b>Count</b>
New Charge (Delinquency)	_____
*Violation Proceeding <sup>1</sup>	_____
Abuse, Dependency or Neglect	_____
Guardian ad Litem	_____
All Other Juvenile Offenses	_____
Total Juvenile Certifications	_____
Amount submitted in Juvenile Certifications	\$ _____

<sup>1</sup>For purposes of this form, violation proceeding refers to violations of community control, violations of a court order, and violations of supervised release.

**APPELLATE COURT**

**Appellate Certifications**

**Count**

All (Non-Capital) Appellate Court Certifications

\_\_\_\_\_

Amount submitted in Appellate Court Certifications

\$ \_\_\_\_\_

**SUPREME COURT**

**Supreme Court Certifications**

**Count**

All (Non-Capital) Supreme Court Certifications

\_\_\_\_\_

Amount submitted in Supreme Court Certifications

\$ \_\_\_\_\_

**MISCELLANEOUS—ALL COURTS**

**Number of Miscellaneous Certifications—All Courts**

**Count**

All Contempt Charges or Proceedings

\_\_\_\_\_

Any Other Offenses or Proceedings not elsewhere specified

\_\_\_\_\_

Amount submitted in Miscellaneous Certifications

\$ \_\_\_\_\_

**EXPENSES—ALL COURTS**

All (Non-Capital) Expert certifications

\_\_\_\_\_

Amount submitted for Expert expenses

\$ \_\_\_\_\_

All (Non-Capital) Transcripts certifications

\_\_\_\_\_

Amount submitted for Transcripts certifications

\$ \_\_\_\_\_

All (Non-Capital) Investigator certifications

\_\_\_\_\_

Amount submitted for Investigator certifications

\$ \_\_\_\_\_

Amount submitted for all Appointed Counsel Travel expenses

\$ \_\_\_\_\_

**Total Number of Certifications (all courts – all expenses)**

\_\_\_\_\_

**Total Amount submitted for all non-capital Certifications**

\$ \_\_\_\_\_

**Auditor Certification**

The County Auditor in executing this certification attests to the accuracy of this report.

\_\_\_\_\_

Signature of Auditor

\_\_\_\_\_

Date