REQUEST FOR COURT-PAID EXPERT EXPENSES

In the _____ Court of _____, Ohio.

_____
Plaintiff

_____
Defendant/Party Represented

In re: _____

Case No.: _____

Attorney(s) for the Defendant/Parties Represented:

_____

☐ Check if this is a capital/death penalty case

TYPE OF EXPENSE

☐ NGRI ☐ Competency ☐ Investigator ☐ Interpreter ☐ Other Expert

CHARGES

Offense/Charge/Matter	ORC/City Code	Degree	Disposition
1.			
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.

_____ Name of Attorney

_____ 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

☐ 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 $ _____. It is further ordered that the said amount be, and hereby is, certified by the Court to the County Auditor for payment.

_____ Name of Judge

_____ 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
			TOTAL	

_____ County Auditor Signature

_____ Date