

MOTION, ENTRY, AND CERTIFICATION FOR APPOINTED COUNSEL FEES

In the _____

Court of _____, Ohio

Plaintiff: _____

Case No. _____

v. _____

(for which representation is being provided)

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

Defendant/Party Represented/In Re: _____

Judge: _____

MOTION FOR APPROVAL OF PAYMENT OF APPOINTED COUNSEL FEES AND EXPENSE

I, the undersigned appointed counsel, move this Court for an order approving payment of fees and expenses as indicated in the itemized statement. 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.

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 _____ OSC # _____
(No., street, city, state, zip)

SSN/TAX ID: _____

SUMMARY OF CHARGES, HOURS, EXPENSES, AND BILLING

OFFENSE/CHARGE/MATTER *List only the three most serious charges*

ORC/CITY CODE

DEGREE

DISPOSITION

1.)

2.)

3.)

Grand Total Hours and Expenses

Hrs: In _____ X Rate _____ = _____

Hrs: Out _____ X Rate _____ = _____

☐ Flat Fee *Please enter your hours on the 2nd or 3rd page of this document and they will automatically be summed in the hour fields above.*

Counsel Fees _____

All Other Expenses _____

Travel Expenses _____

Grand Total _____

JUDGMENT ENTRY

The Court finds that counsel performed the legal services on the itemized statement and that the fees and expenses set forth on this statement are reasonable, are in accordance with the resolution of the Board of County Commissioners of _____ County, Ohio relating to payment of appointed counsel, and 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 approved in the amount of \$_____ and be certified by the Court to the County Auditor for payment.

☐ Extraordinary fees granted (copy of journal entry attached)☐ Fees have been reduced/denied (copy of journal entry attached)☐ Fees above cap automatically reduce to cap

Judge _____

Printed Name

Judge _____

Signature

Date

CERTIFICATION

I, County Auditor, do hereby certify that payment has been made.

Warrant Number _____

Warrant Date _____

Amount Paid \$ _____

County Number _____

County Auditor _____

Signature

Date

IF CAPITAL OFFENSE CASE, LIST CO-COUNSEL'S NAME HERE: _____

(OSC# may be entered once if only one attorney incurred fees. Otherwise, list OSC# of all attorneys incurring fees.)

[illegible][illegible]

I hereby certify that the following expenses were incurred:

TYPE	PAYEE	AMOUNT
		TOTAL

Clearly identify each expense and include a receipt for any expense. See Section (P)(1)(c) for privileged information.

ATTORNEY TIME LOG

CASE: _____

Note: The Ohio Public Defender does not require submission of this form.

DATE	ATTORNEY OSC#	ACTIVITY	OUT-OF-COURT TIME	IN-COURT TIME	TOTAL
		Total Time and Fees			

*Record time in tenth of an hour (6 minute) increments