

MOTION, ENTRY, AND CERTIFICATION FOR APPOINTED COUNSEL FEES

In the _____ Court of Hamilton County, Ohio

Plaintiff: _____ Case No. _____
 v. _____ Appellate Case No. (if app.) _____
 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 this is a periodic bill)

As attorney/guardian ad litem of record, I was appointed on _____, 200____. This case terminated and/or was disposed of on _____, 200____. I am submitting this application on _____, 200____.

Name _____ Signature _____
 Address _____ SSN/Tax ID _____
No. and Street City State Zip OSC Reg. No. _____

SUMMARY OF CHARGES, HOURS, EXPENSES, AND BILLING

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.*

	IN-COURT			GRAND TOTAL
	OUT-OF-COURT	PRE-TRIAL HEARINGS	ALL OTHER IN-COURT	
Grand Total Hours				
From Other Side:				

Flat Fee Hrs: In _____ X Rate _____ = \$ _____ Tot. Fees \$ _____
 Min. Fee Hrs: Out _____ X Rate _____ = \$ _____ Expenses \$ _____ 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 Hamilton 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) 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 _____

(X) AS APPROPRIATE FOR TYPE OF SUBMISSION AND CASE DISPOSITION

Voucher submitted for misdemeanor or felony trial level services:

Table with columns: Charge, Case was disposed by (Plea, Trial, Jury, Dismissal), Finding of: (Guilty, Reduced, Not Guilty, Dismiss, Hung Jury, Mistrial)

DISPOSITION INCLUDED AN EVIDENTIARY HEARING

YES NO

Other disposition _____

Sentence: Institution _____ Length Suspend _____ / _____ Prob: _____ yrs
Fine/Suspend _____ / _____ Restitution _____ Costs/CR

Other _____

I have previously been paid \$ _____ for partial services on this case

Voucher submitted for a misdemeanor or felony post-conviction hearing or motion:

Table with columns: Charge, Judicial Release, Mitigation, Probation Violation, Other, Result: Denied, Granted, Violated, Not Violated

DISPOSITION INCLUDED AN EVIDENTIARY HEARING

YES NO

Other disposition _____

Voucher submitted for an appeal: of a plea () or of a trial or evidentiary hearing ()

Date of decision _____

Table with columns: Charge, Decision: Affirmed, Reversed: Discharged, Reversed: Remanded, Appeal Dismissed

Other disposition _____

Voucher submitted for a delinquency proceeding:

Paternity Proceeding:

Served as attorney () Served as Guardian ad Litem ()

Table with columns: Charge, Case was disposed by (Plea, Trial, Jury, Dismissal), Finding of: (Guilty, Reduced, Not Guilty, Dismiss)

Table with columns: Paternity Established, Paternity Dismissed

Other disposition _____

Other disposition _____

Date of disposition _____

Date of disposition _____

Sentence: Institution _____ Length Suspend _____ / _____ Prob: _____ yrs
Fine/Suspend _____ / _____ Restitution _____ Costs/CR

Order of the Court _____

Other _____

Voucher submitted for a Dependency: Protective Order () Temporary Commitment () or Permanent Commitment () or Private Custody () proceeding:

Table with columns: Charge, Result of: Disposition (Dismissed, Dependent), Re-Activation (Temporary, Permanent), Review Hearing (Protective, Custody)

Date of disposition or latest review hearing: _____

Custody to _____

Other Court orders _____

Other Disposition _____

