

REQUEST FOR COURT-PAID EXPERTS AND/OR EXPENSES

In the _____ Court of _____, Ohio.

Plaintiff: _____

Case No. _____

Check if this is a capital/death penalty case.

v. _____
Defendant/Party Represented

Attorney(s) for the Defendant/Party Represented: _____

In re: _____

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.

JUDGMENT ENTRY & DECLARATION OF INDIGENCE

The court finds that the following experts and/or 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/Affidavit of Indigency 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 these experts and/or expenses being provided at government expense.

IT IS THEREFORE ORDERED that 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.

 Judge's Name (type or print)

 Judge's 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 only) | Warrant No. | Warrant Date | Amount |
|--------------|--------------------------------|-------------|--------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL | | | | |

If necessary, continue on separate sheet.

County Number _____

 County Auditor's Signature