

Office of the Ohio Public Defender

**MONTHLY ASSIGNED COUNSEL SUMMARY SHEET**

County \_\_\_\_\_

Month & Year \_\_\_\_\_

A. Amount paid for representation in capital cases \$ \_\_\_\_\_.

B. Amount paid for representation in non-capital cases \$ \_\_\_\_\_.

*Include in totals all expenses incurred in providing representation to indigent individuals, including expert fees, transcripts, etc.*

**Auditor Certification**

In executing this certification, the County Auditor attests these are accurate indigent defense expenses of said County's courts.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(title)