

## MOTION, ENTRY, AND CERTIFICATION FOR APPOINTED COUNSEL FEES

In the \_\_\_\_\_ Court of \_\_\_\_\_, Ohio

Plaintiff: \_\_\_\_\_ Case No. & ID Number \_\_\_\_\_ / \_\_\_\_\_

Appellate Case No. (if app.) \_\_\_\_\_

v.

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 if this is a periodic bill*)

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 \_\_\_\_\_ No. and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_ 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.*

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

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 \_\_\_\_\_ 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 \_\_\_\_\_

