MOTION, ENTRY, AND CERTIFICATION FOR APPOINTED COUNSEL FEES

In the _____ **Court of** _____**, Ohio**

Plaintiff:

Case No. _____

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*

OSC Reg. No. _____

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

☐ Flat Fee
☐ Min Fee

Hrs:In _____ X Rate _____ = _____
Hrs:Out _____ X Rate _____ = _____

Travel Expenses _____
All Other Expenses _____
Counsel Fees _____
Grand 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)* ☐ *Fees at or below cap have been reduced/denied (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 _____

CASE NUMBER _____ **ATTORNEY/GAL** _____

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

ITEMIZED FEE STATEMENT

I hereby certify that the following time was expended in representation of the defendant/party represented:

DATE OF SERVICE	OUT- OF-COURT TOTAL	IN-COURT			DAILY TOTAL
		PRE-TRIAL HEARINGS	ALL OTHER IN-COURT	IN-COURT TOTAL	

DATE OF SERVICE *(continued)*	OUT- OF-COURT TOTAL	IN-COURT			DAILY TOTAL
		PRE-TRIAL HEARINGS	ALL OTHER IN-COURT	IN-COURT TOTAL	
GRAND TOTAL					

Continue at top of next column.

Time is to be reported in tenth of an hour (6 minute) increments.

I hereby certify that the following expenses were incurred:

Use the following categories for Type: (1) Postage/Phone (2) Records/Reports (3) Travel (4) Other

TYPE	PAYEE	AMOUNT
	TOTAL	

Clearly identify each expense and include a receipt for any expense over $1.00. See Section (P)(1)(c) for privileged information.

JUVENILE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GRENDELL

In Re: _____

Case No. _____

Service Summary

Date:	**Services**	**Time**
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____