



APPLICATION FOR EXPERT SERVICES  
(Section 722-c County Law)

Client Information

Client Name: \_\_\_\_\_  
DR #: \_\_\_\_\_  
Charges: \_\_\_\_\_  
Date of Arrest: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Information

1. I was assigned as counsel for the above named Defendant / Petitioner / Respondent on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

2. I hereby request permission to incur the following services which are necessary to render a proper defense for said Defendant / Respondent:

Name of Provider: \_\_\_\_\_  
Address of Provider: \_\_\_\_\_  
Nature of Services Requested<sup>1</sup>: \_\_\_\_\_  
Amount Requested: \_\_\_\_\_

3. The following extraordinary circumstances exist, which require compensation in excess of \$1,000:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is this a supplemental request? YES  NO

5. Has this case been entered into IntelLinx?<sup>2</sup> YES  NO

I certify that I have given ACP all the necessary case forms and that this client is eligible:

\_\_\_\_\_  
(Print Name)  
\_\_\_\_\_  
(Signature)

<sup>1</sup> Assigned Counsel Rules limit payment for *investigative* services to a maximum of \$55 per hour and \$.56 per mile.

<sup>2</sup> This case must be entered into the IntelLinx database prior to application approval.

**FOR OFFICE USE ONLY**



REQUEST FOR PAYMENT

Client Information

Client Name: \_\_\_\_\_  
 DR #: \_\_\_\_\_  
 Charges: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Arrest: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

Information

1. The services specified below/attached were performed by me or under my direction. The time expended for the services below/attached was as follows: (specify dates of service and time spent on each date, attach pages as necessary).

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

See itemized statement attached hereto and made a part hereof.

2. The following expenses were incurred for the above listed services (specify expenses):

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

See itemized statement attached hereto and made a part hereof.

No reimbursement or compensation has been received for these services from any source and no payment or promise of payment has been made for said services except

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

The amount requested, in my opinion, represents the fair and reasonable value of said services.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
SS# or Tax ID# (required for payment)

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