

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

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

Plaintiff: \_\_\_\_\_ Case No. \_\_\_\_\_

(for which representation is being provided)

v.

- Capital Offense Case (check if Capital Offense case)  
 Guardian Ad Litem (check if appointed as GAL)

Defendant/Party Represented/In Re: \_\_\_\_\_

Judge: \_\_\_\_\_

### MOTION FOR APPROVAL OF PAYMENT OF APPOINTED COUNSEL FEES AND EXPENSE

I, the undersigned appointed counsel, move this Court for an order approving payment of fees and expenses as indicated in the itemized statement. 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.

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 \_\_\_\_\_ OSC # \_\_\_\_\_  
*(No., street, city, state, zip)*

### 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

Hrs: In \_\_\_\_\_ X Rate \_\_\_\_\_ = \_\_\_\_\_

Hrs: Out \_\_\_\_\_ X Rate \_\_\_\_\_ = \_\_\_\_\_

Flat Fee *Please enter your hours on the 2nd or 3rd page of this document and they will automatically be summed in the hour fields above.*

Counsel Fees \_\_\_\_\_

All Other Expenses \_\_\_\_\_

Travel Expenses \_\_\_\_\_

Grand Total \_\_\_\_\_

### JUDGMENT ENTRY

The Court finds that counsel performed the legal services on the itemized statement and that the fees and expenses set forth on this statement are reasonable, are in accordance with the resolution of the Board of County Commissioners of \_\_\_\_\_ County, Ohio relating to payment of appointed counsel, and 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 approved in the amount of \$\_\_\_\_\_ and be certified by the Court to the County Auditor for payment.

- Extraordinary fees granted (copy of journal entry attached)       Fees have been reduced/denied (copy of journal entry attached)  
 Fees above cap automatically reduce to cap

Judge \_\_\_\_\_  
*Printed Name*

Judge \_\_\_\_\_  
*Signature*      *Date*

### CERTIFICATION

I, County Auditor, do hereby certify that payment has been made.

Warrant Number \_\_\_\_\_ Warrant Date \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

County Number \_\_\_\_\_ County Auditor \_\_\_\_\_  
*Signature*      *Date*



## ATTORNEY TIME LOG

CASE: \_\_\_\_\_

**Note: The Ohio Public Defender does not require submission of this form.**

DATE	ATTORNEY OSC#	ACTIVITY	OUT-OF-COURT TIME	IN-COURT TIME	TOTAL
<b>Total Time and Fees</b>					

\*Record time in tenth of an hour (6 minute) increments