

REQUEST FOR INVESTIGATOR OR ANCILLARY SERVICES

For all cases assigned on or after June 28, 2010

Sacramento County Conflict Criminal Defenders 901 H Street, Suite 409 Sacramento, California 95814		Accounting Use Only PreAuthorization No.: _____ Claim No.: _____ Reviewed: _____ Approved: _____ To Auditor: _____
CASE INFORMATION		
CASE NUMBER	CASE NAME (Last, First M.I.)	<input type="checkbox"/> Assigned <input type="checkbox"/> Retained <input type="checkbox"/> Pro Per
XREF NUMBER	NEXT APPEARANCE Date: _____ Dept: _____ Type: _____ OFFENSE(S) CHARGED/COUNTS: _____	
<input type="checkbox"/> Adult <input type="checkbox"/> Minor	PREVIOUS AUTHORIZATIONS (Date/Type/Amount)	
SERVICE PROVIDER INFORMATION		
SERVICE PROVIDER NAME (Last, First M.I.)		
COMPANY NAME (DBA)		COUNTY VENDOR NUMBER
ADDRESS (Street, City, State, Zip Code)		PHONE
ATTORNEY NAME (Last, First M.I.)		ATTORNEY PHONE
PREAUTHORIZATION		
Based on the attached Declaration of Counsel, IT IS ORDERED, that fees are authorized in a sum not to exceed _____ at the rate of _____ per hour for the following services: <input type="checkbox"/> Investigator <input type="checkbox"/> Expert <input type="checkbox"/> Other: _____		
_____ CCD Executive Director		_____ Date
DECLARATION		
Fees and Expenses in the sum of: _____ are requested for services authorized and performed in the above noted matter. I have attached an itemization of the work performed, together with hours spent, mileage and expenses. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.		
SIGNATURE OF SERVICE PROVIDER: _____		DATE: _____
The work performed and expenses incurred were done at my request, were preauthorized, and were reasonably necessary to the defense of this case. I have reviewed the billing submitted and find the sum to be correct. I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.		
SIGNATURE OF ATTORNEY: _____		DATE: _____
ORDER FOR PAYMENT		
The Sacramento County Conflict Criminal Defenders finds that _____ is a reasonable sum for compensation and authorizes payment be made by the Sacramento County Department of Finance for said sum. This claim includes expenses in the amount of: _____		
I declare, under penalty of perjury, that the services and hours approved are supported by an itemized billing which was reviewed and is maintained by Sacramento County Conflict Criminal Defenders.		
_____ CCD Executive Director		_____ Date
COMMENTS:		