

# REQUEST FOR INVESTIGATOR OR ANCILLARY SERVICES

For all cases assigned on or after June 28, 2010

<p><b>Sacramento County Conflict Criminal Defenders</b></p> <p><b>901 H Street, Suite 409</b></p> <p><b>Sacramento, California 95814</b></p>		<p><b>Accounting Use Only</b></p> <p>PreAuthorization No.:</p> <p>Claim No.:</p> <p>Reviewed:</p> <p>Approved:</p> <p>To Auditor:</p>
<b>CASE INFORMATION</b>		
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)	
<b>SERVICE PROVIDER INFORMATION</b>		
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
<b>PREAUTHORIZATION</b>		
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: _____		
_____ <b>CCD Executive Director</b>		_____ <b>Date</b>
<b>DECLARATION</b>		
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: _____
<b>ORDER FOR PAYMENT</b>		
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.		
_____ <b>CCD Executive Director</b>		_____ <b>Date</b>
COMMENTS:		