

## 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 <small>List only the three most serious charges</small>	ORC/CITY CODE	DEGREE	DISPOSITION
1.)			
2.)			
3.)			

#### Grand Total Hours and Expenses

<input type="checkbox"/> Flat Fee	Hrs:In _____	X Rate _____	= _____	Travel Expenses	_____
	Hrs:Out _____	X Rate _____	= _____	All Other Expenses	_____
Min Fee				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 \_\_\_\_\_

**IF CAPITAL OFFENSE CASE, LIST CO-COUNSEL'S NAME HERE:** \_\_\_\_\_

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

[illegible][illegible]

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

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.