

Authorization to Incur Expenses

PD101 REV.10/11

DATE: _____ NAME OF ACCUSED: _____

JD GA JV _____ DOCKET NO.: _____

CHARGES: _____

(UNDERLYING CHARGES): _____

I I HEREBY REQUEST AUTHORIZATION TO INCUR EXPENSE FOR THE FOLLOWING:

I BELIEVE THIS SERVICE IS NECESSARY FOR THE FOLLOWING REASON(S):

- 1. _____

2. I have contacted (name of service provider): _____

a) His/her hourly rate will be: _____

b) The anticipated total (additional) cost for the service will be: _____

c) This is a supplemental request and the prior authorization (s) was for: _____

II CHECK ONE AND COMPLETE:

- There may be future costs for services from this same source (e.g. testifying at trial, etc.)
- There will probably not be any further costs from this same source as a result of this service.

III CHECK ONE AND COMPLETE:

- The accused will pay _____ toward the cost of this service.
- The accused is unable to pay or obtain assistance in the payment of costs to be incurred or any portion thereof.

Approved by
Public Defender / Supervising Asst. Public Defender

Telephone #: _____

Fax #: _____

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AUTHORIZATION IS GRANTED, IN ACCORDANCE WITH THE ABOVE REQUEST.

SPECIAL CONDITIONS AND COMMENTS:

DATE

CHIEF / DEPUTY CHIEF PUBLIC DEFENDER