

SPECIFICATION FOR REQUESTED **ATTORNEY FEES**

Office of Court Appointed Counsel 33 N. Stone Ave. 19th Floor, Suite 1905 Tucson, AZ. 85701

Fax: 520-724-4466

(\*This document is confidential and will be used for the sole purpose of determining the **NEED AND REASONABLENESS** of fees & assessments)

Name of Attorney: \_\_\_\_\_ Request Date: \_\_\_\_\_

Attorney Phone: \_\_\_\_\_ Return Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_ Appointment Date: \_\_\_\_\_

Defendant: \_\_\_\_\_ Case Number: \_\_\_\_\_

Custody Status: \_\_\_\_\_ Is Defendant a Spanish speaker: \_\_\_\_\_

Class & Charge Description: \_\_\_\_\_ Judge/Div: \_\_\_\_\_

Class & Charge Description: \_\_\_\_\_

Felony  FD Murder  Death Penalty  Juvenile  Misdemeanor  Appeal  Rule 32

If Rule 32: From COP \_\_\_\_\_ Trial (# of days) \_\_\_\_\_

Have you requested a Settlement Conference? \_\_\_\_\_

Present Case Status: \_\_\_\_\_

Are there co-defendants? If so, how many? \_\_\_\_\_

No. of Hours Requested \_\_\_\_\_ Request No. \_\_\_\_\_

Please provide brief factual synopsis of your case to allow us to evaluate your need.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the work that **needs to be performed** and the **reason** the performance of this work will help in the defense of your case.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney Signature Date

Approved  Denied

\_\_\_\_\_  
Office of Court-Appointed Counsel

Special Conditions: \_\_\_\_\_

\_\_\_\_\_

**A copy of this form must accompany any billing pursuant to this matter. All new vendors must register with Pima County at <https://vendor.pima.gov/webapp/VSSPROD1/Advantage>. Call (520) 724-3021 or (520) 724-8465 for assistance with registration.**