MOTIC	N, ENTRY, ANI	CERTIF	ICATION F	OR APP	OINTE	COUNSEL F	EES			
In the, Ohio										
Plaintiff:			Cas	Case No.						
		Appellate Case No. (if app.)								
V.			ПС	•						
Defendant/Party Repres	ented			☐ Capital Offense Case (check if Capital Offense case)☐ Guardian Ad Litem (check if appointed as GAL)☐						
In re:		<u>. </u>	Jud	Judge:						
MOTION FO	R APPROVAL O	F PAYMEN	IT OF APPO	DINTED C	OUNSE	L FEES AND EX	XPENSES			
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		la	m submitting t	his applicati	on on					
Name			Signature	9						
Address						SSN/Tax ID				
No. and Street		٠	City	State Zip OSC Reg. No.						
	SUMMARY OF	CHARGE	S, HOURS,	EXPENSE	ES, AND	BILLING				
OFFENSE/CHARGE/MATTER				ORC/CIT	YCODE	DEGREE	DISPOSITION			
1.) 2.)			***							
3.)										
*List only the three most serior	ıs chames heginning wi	th the one of ar	reatest severity a	nd continuina	in descend	ina order				
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Grand Total Hours From Other Side:	OUT-OF-COURT	PRE-TRIAL HEARINGS	ALL OTHER IN-COURT	IN-COURT	TOTAL	GRAND TOTAL				
□ Flat Fee Hrs:In	X Rate)	= \$		Tot. Fees \$					
			-			\$	Total \$			
					<u> </u>					
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) 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										

CASE N	NOMBER						ATTORNE	//GAL				
IF CAPITAL OFFENSE CASE, LIST CO-COUNSEL'S NAME HERE:												
	•			r	TEMIZED FE	==	STATEMEN	uT.				
I hereby	certify that the	e follow	ing time	was exper	ided in repres	 ent	tation of the o	ਪ defendant/pa	artv repr	esented:	•	
			IN-COU	JRT		Ĭ.			IN-COURT			
DATE OF SERVICE	OUT- OF-	PRE-TRIAL HEARINGS	ALL OTHER IN-COURT	IN- COURT TOTAL	DAILY TOTAL		DATE OF SERVICE (continued)	OUT- OF- COURT TOTAL	PRE-TRIAL HEARINGS	ALL OTHER IN-COURT	IN- COURT TOTAL	DAILY TOTAL
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	· ••• ••				next column.		I IMe IS I	to be reported	i in tenui	or an nou	Jf (७ ПШис <i>ь)</i>	Increments.
	certify that to				ere incurred) 2) Postage/F		ne (3) Reco	ords/Reports	(4) Tr	anscripts	(5) Trave	l (6) Other
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