MOTION, ENTRY, AND CERTIFICATION	N FOR APPOINTED COUNSEL FEES					
In the Co	urt of, Ohio					
Plaintiff:	Case No.					
	Appellate Case No. (if app.)					
V	Capital Offense Case (check if Capital Offense case)					
Defendant/Party Represented	Guardian Ad Litem (check if appointed as GAL)					
In re: Adoption of	Judge:					
MOTION FOR APPROVAL OF PAYMENT OF	APPOINTED COUNSEL FEES AND EXPENSES					
and expenses as indicated in the itemized statement herein. I providing representation in this case other than that described in the	resented moves this Court for an order approving payment of fees certify that I have received no compensation in connection with his motion or which has been approved by the Court in a previous cated on any other motion. I, or an attorney under my supervision,					
☐ 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 submit	ting this application on,					
NameSign	nature					
Address No. and Street City	State Zip OSC Reg. No.					
SUMMARY OF CHARGES, HOU OFFENSE/CHARGE/MATTER List only the three most serious charges 1.) 2.) 3.) Grand Total Hours and I	ORC/CITY CODE DEGREE DISPOSITION					
	All Other Expenses					
☐Min Fee Hrs:Out X Rate =	Counsel Fees					
Livilii Fee	Grand Total					
standards of the Ohio Public Defender Commission and State Publi IT IS THEREFORE ORDERED that counsel fees and expenses be. It is further ordered that the said amount be, and hereby is, certified	on the itemized statement on the reverse hereof, and that the fees are in accordance with the resolution of the Board of County Ohio relating to payment of appointed counsel, that all rules and c Defender have been met. and are hereby approved, in the amount of \$					
	Judge					
CERTIF						
Ohio Public Defender Commission and/or Auditor of the State was adjustments against reimbursement or repayment of audit exception	curacy of the figures contained herein. A subsequent audit by the hich reveals unallowable or excessive costs may result in future as to the Ohio Public Defender Commission.					
County Number Warrant Number	Warrant Date					
County Au	ditor					

CASE NUMBER		

ATTORNEY/GAL _____

IF CAPITAL OFFENSE CASE, LIST CO-COUNSEL'S NAME HERE: ___

ITEMIZED FEE STATEMENT

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

I hereby certify that the following time was expended in representation of the defendant/party represented:												
			IN-COU	RT						IN-COURT		
DATE OF SERVICE	OUT- OF- COURT TOTAL	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
							,					
								7				
						7						
							GRAND TOTAL					
					nové odlumn				<u> </u>		ur (6 minuta)	1

Continue at top of next column.

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

I hereby certify that the following expenses were incurred:

Use the following categories for Type: (1) Postage/Phone (2) Records/Reports (3) Travel (4) Other

TYPE	PAYEE		AMOUNT
		TOTAL	