MC	DTION, ENTRY, AND CERTIFICA			COUNSEL	FEFS
					, Ohio
Plaintiff:		Case			s being provided)
ν.		(for which representation is being provided)			
		 Capital Offense Case (check if Capital Offense case) Guardian Ad Litem (check if appointed as GAL) 			
Defendant/Party Re	epresented/In Re:				
	Judge:				
мотю	N FOR APPROVAL OF PAYMENT O	OF APPO	INTED COUNSEI	FEES AND	EXPENSE
itemized statement. that described in this	ppointed counsel, move this Court for an ore I certify that I have received no compensation is motion or which has been approved by the ted on any other motion.	on in conn	ection with providing	representation in	n this case other than
As attorney/guardiar	ad litem of record, I was appointed on		This	case terminated	and/or was
disposed of on	I am submitting this	s applicati	on on		<u>.</u>
Name	S	ignature _			
(No., street,	city, state, zip)			030 #	
	SUMMARY OF CHARGES, H	IOURS,	EXPENSES, AND	BILLING	
OFFENSE/CHARGE/M/	ATTER List only the three most serious charges		ORC/CITY CODE	DEGREE	DISPOSITION
1.)					
2.)					
3.)					
	Grand Total Hours and E	xpense	S Cou	Insel Fees	
Hrs: I	Hrs: In X Rate = All Other Expenses				
Hrs: 0	Dut X Rate =			vel Expenses	
E F	Hat Fee Please enter your hours on the 2nd or and they will automatically be summed		this document	nd Total	
	· · · ·				
statement are reasor	counsel performed the legal services on the nable, are in accordance with the resolution to payment of appointed counsel, and that	e itemized of the Boa	statement and that th ard of County Commi	ssioners of	
IT IS THEREFORE ORDERED that counsel fees and expenses be approved in the amount of \$ and be certified by the Court to the County Auditor for payment.					
Extraordinary fees granted (copy of journal entry attached)					
Fees above cap automatically reduce to cap					
ludao		lud	lge		
Judge	Printed Name		.90	Signature	Date
	CFR	TIFICAT	ION		
I, County Auditor, do	hereby certify that payment has been mad				
Warrant Number	ant Number Amount Paid \$				
County Number					
			Signat		Date

ATTORNEY/GAL _____

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

ITEMIZED FEE STATEMENT

(OSC# may be entered once if only one attorney incurred fees. Otherwise, list OSC# of all attorneys incurring fees.) I hereby certify that the following time was expended in representation of the defendant/party represented:

DATE OF SERVICE	ATTORNEY OSC#	OUT-OF-COURT TOTAL	IN-COURT TOTAL	DAILY TOTAL	DATE OF SERVICE (continued)	ATTORNEY OSC#	OUT-OF-COURT TOTAL	IN-COURT TOTAL	DAII TOT
					GRAND TOTAL				

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

ТҮРЕ	PAYEE		AMOUNT
		TOTAL	

Clearly identify each expense and include a receipt for any expense. See Section (P)(1)(c) for privileged information.

ATTORNEY TIME LOG

CASE: _

Note: The Ohio Public Defender does not require submission of this form. See additional information below.

DATE	ATTORNEY OSC#	ACTIVITY	OUT-OF-COURT TIME	IN-COURT TIME	TOTAL
		Total Time and Fees			

*Record time in tenth of an hour (6 minute) increments

OPD-1026R pg. 3 Rev. 9/24 **Note:** the time entries on this page are copies of the first 18 time entries on the 2nd page of this document. The addition of the "Activity" column on this page provides additional detail should you need it on the first 18 time entries entered on the 2nd page. The "Total Time and Fees" totals at the bottom of this table are the totals from all entries entered on the 2nd page.