

*Application for Attorney Fees for Court Appointed Attorneys*

The following form\* should be used to request payment of fees by all private attorneys appointed to represent indigent parties before the Supreme Court of Ohio. When a case has reached final disposition, the form should be completed and signed by the attorney. A copy of the lower court entry appointing the attorney to represent the party in the Supreme Court of Ohio must be attached to the form. Attorneys must also submit receipts for all claimed expenses exceeding one dollar, or an affidavit of expenses if receipts are not available. The Court requires an original and one copy for processing, and an additional copy should be submitted if a file-stamped return copy is desired. All applications shall be submitted to:

Office of the Clerk  
Supreme Court of Ohio  
65 South Front St., 8<sup>th</sup> Floor  
Columbus, OH 43215-3431

\* This form is promulgated by the office of the Ohio Public Defender.

**SUPREME COURT OF OHIO**  
**MOTION, ENTRY, AND CERTIFICATION FOR APPOINTED COUNSEL FEES**

State of Ohio,  
 Plaintiff

Supreme Court No. \_\_\_\_\_

V.

Appeals Court No. \_\_\_\_\_

\_\_\_\_\_  
 Defendant

Trial Court No. \_\_\_\_\_

**MOTION FOR APPROVAL OF PAYMENT OF APPOINTED COUNSEL FEES AND EXPENSES**

The undersigned, having been previously appointed counsel for the defendant for the appeal to this court, as evidenced by the attached entry of appointment, now moves for an order approving payment of fees earned and expenses incurred as reflected by the itemized statement of the reverse hereof, pursuant to R.C. 2941.51.

Hours Worked: 

IN COURT	OUT OF COURT
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Expenses (if any): \$ 

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O.R.C. charge section number, name and classification

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

SUPREME COURT DECISION

TERMINATION DATE

ATTORNEY'S NAME

ATTORNEY'S SIGNATURE

ATTORNEY'S ADDRESS NUMBER AND STREET

CITY

STATE

ZIP

**INFORMATION BELOW TO BE COMPLETED BY SUPREME COURT AND COUNTY AUDITOR ONLY**

**JUDGMENT ENTRY**

This court finds that counsel performed the legal services set forth in the itemized statement on the reverse hereof, and that the fees and expenses hereinafter approved are reasonable. IT IS THEREFORE ORDERED that appointed counsel fees are approved in the sum of \$ \_\_\_\_\_ and expense in the sum of \$ \_\_\_\_\_ for a total allowance of \$ \_\_\_\_\_, which amount is ordered certified to the \_\_\_\_\_ County Auditor for payment.

\_\_\_\_\_  
 CHIEF JUSTICE

**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

I hereby certify that the following time was expended in representation of the defendant before the Supreme Court of Ohio:

DATE	ACTIVITY	TOTAL TIME

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

EXPENSE	PAID TO	AMOUNT

To obtain reimbursement, the purpose of each expense must be clearly identified, and a receipt provided for each expenditure over \$1.00.

I hereby certify the above is a true and accurate account of the time spent and expenditures incurred in representing the defendant in the Supreme Court of Ohio.

\_\_\_\_\_  
Applicant's Signature