

Request for Reimbursement Initial Setup Manual



The first time you use this form, you will need to do some initial setup entry. Going forward, specifics of the request will change each quarter (such as quarterly caseload numbers and case specific costs), but many of the county structure entries will remain constant.

Items to gather:

1. Complete list of all attorneys and support staff
2. Attorney Standard E and F forms
3. Attorney fulltime equivalent (FTE) designations approved by Commission (see full instruction manual for additional information)
4. County comprehensive plan may also be helpful

Tab 1 (Form I)

County Profile

Mark the checkboxes applicable to your county:

Check all boxes that apply to your county:	
<input type="checkbox"/> Self Insurance for health insurance	<input type="checkbox"/> Office
<input type="checkbox"/> Chief Public Defender	<input type="checkbox"/> Chief Deputy

Review the county’s approved comprehensive plan to determine if the office, chief public defender and chief deputy public defender designations are applicable to your county.

Support Staff

Next, enter the FTE for support staff

Enter the total number of full time equivalents (FTE) for each category below. See instructions for more information.	
Paralegals	
Investigators	
Social Workers	
Administrative Assistants	
Office Administrators	
Interns	
Other Non-Litigation Support Staff	

In the case where support staff are “as needed,” enter the FTE for the maximum allowable usage. For example, if an investigator is available and allowed to work full-time, enter 1.0 even if their current utilization is only a few hours a week. If the investigator is capped at 10 hours of a 40 hour work week, enter .25. If the county utilizes multiple investigators, combine their maximum allowable FTE and enter that number.

Non-Reimbursable Personal Service Costs

A. PERSONAL SERVICES (Employees and Contractors)

1. Paralegals (incl benefits)	
Percentage of time spent on non-reimbursable case support	
2. Investigators (incl benefits)	
Percentage of time spent on non-reimbursable case support	
3. Social Workers (incl benefits)	
Percentage of time spent on non-reimbursable case support	
4. Administrative Assistants, Office Managers, Interns, & Non-Litigation Support Staff (incl benefits)	
Percentage of time spent on non-reimbursable case support	
5. Attorneys with no caseload (incl benefits)	
Percentage of time spent on non-reimbursable case support	

For all support and administrative attorney staff, Section A includes a line to designate time spent on non-reimbursable case support. This section is meant to be an average over time. It is **not** intended to be reflective of quarterly time-keeping. These percentages should be established upon the first submission of the form and should be reviewed on an intermittent basis (such as annually). Any time the percentages change in the future, an explanation must be provided on the “Additional Information” tab.

When you have more than one person employed in any single category 1 through 5, we have provided a worksheet to assist in determining their appropriate non-reimbursable percentage. This worksheet is optional and is meant to be a helpful tool. If the worksheet is not used, an explanation of the methods used to arrive at these percentages must be submitted.

Tab 2 (Form II)

Attorney Last Name	Attorney First Name	Title (Chief, Deputy, etc)	Status	Salary/Contract/Hourly	FTE Max	Salary or Contract Amount pd	Benefits pd	Qualified for Murder?	Qualified for Levels 1-4?	Qualified for Level 5?	Qualified for Juvenile Waiver or Murder Level?	Qualified for Juvenile 1-4?	Qualified for Juvenile Other?	Qualified for CHINS?	Qualified for TPR?	Qualified for Appeals Level 4 and up?	Qualified for Appeals Level 5 and below?
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1. Enter the attorney’s last name in column A and first name in Column B

Attorneys paid in multiple ways should be listed separately by pay designation.

Ex:

Attorney Last Name	Attorney First Name	Title (Chief, Deputy, etc)	Status	Salary/Contract/Hourly	FTE Max
Smith	John	DEPUTY	Adequate	Contract	0.75
Smith	John	DEPUTY	Adequate	Hourly	0.25

2. Enter each attorney’s title
3. Status – Do not attempt to change the status. This is determined on the next tab
4. Pay designation- Select from hourly, contract, or salary for each attorney. Attorneys paid multiple ways should be listed on multiple lines (see example in number 1 above and full instruction manual for more detailed examples)
5. Enter the Full-time Equivalency (FTE) maximum for each entry.

FTEs are generally determined in conjunction with Commission staff if attorneys are anything other than full-time. For attorneys with multiple listings, the combined FTE should never exceed 1.

- Select the qualifications for each attorney. If you need a listing of qualifications for your county's attorneys as verified by the Commission, please let us know by emailing your request to information@pdc.com.in.gov.

Ex:

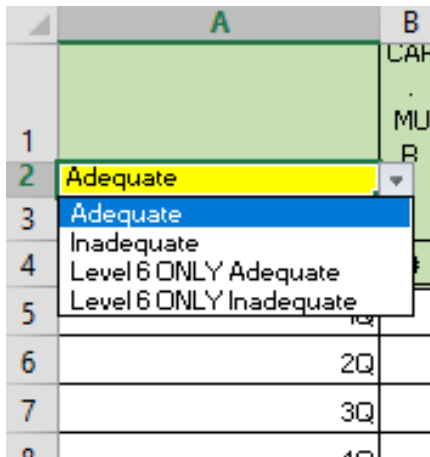
Qualified for Murder?	Qualified for Levels 1-4	Qualified for Level 5?	Qualified for Juvenile Waiver or Murder Level?	Qualified for Juvenile 1-4?	Qualified for Juvenile Other?	Qualified for CHINS?	Qualified for TPR?	Qualified for Appeals L4 and up?	Qualified for Appeals Level 5 and below?
no	yes	yes	no	yes	yes	yes	yes	yes	yes

Qualifications should be either "yes" or "no". Any other value will cause errors in the file.

Note: Any time an attorney's qualifications are changed, a Standards E and F form must be submitted.

Tab 3 (Form III)

- Enter the support staff designation and/or Level 6 Court ONLY designation. Any change to this selection must be preapproved by Commission staff.



- Enter the prior quarters' caseload information. For previous quarters where case types are combined (such as Levels 1-5 reported together), you may enter these cases into the lowest level. When you start using the new form, all cases must be reported in their appropriate category.

Murder	Levels 1-2	Levels 3-4	Level 5	Level 6	CM ONLY	JD (if Levels 1-2)	JD (if Levels 3-4)	JD (if Level 5)	JD (if Level 6)	JD (if CM as ADULT)	JS, JM, JUV. PROB. VIOL.	TPR	CHINS	ADULT PROB. VIOL., MH	ALL NON-REIMBURSABLE OTHERS	CM TRIAL APPEALS	CM GUILTY PLEA APPEALS	TRIAL APPEALS	GUILTY PLEA APPEALS
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Tab 4: Contact Information

Enter your county's next scheduled meeting date.

Enter the board members in their appropriate appointment line. If your county does not have a Commission appointment yet, enter the judicial appointment that is expiring next on this line.

Confirm all contact information with board members! PDCom routinely sends out communications to board members and accurate email addresses are essential.

A public contact **must** be listed! At least one form of contact must be listed, but not all are required.

Public Defender Board Information		
Next Meeting Date:		
Judicial Appointment	Email	<input type="checkbox"/> Chair
Address		
Telephone	Last Appointment Date	
County Executive Appointment	Email	<input type="checkbox"/> Chair
Address		
Telephone	Last Appointment Date	
Public Defender Commission Appointment	Email	<input type="checkbox"/> Chair
Address		
Telephone	Last Appointment Date	
Public Contact Name	Email	
Address		
Telephone	Fax	
Additional board members and contact information:		