

State of Indiana – Public Defender Commission

Reimbursement Request Instruction Manual

Updated September 2019

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Request for Reimbursement

Non-Capital Reimbursements
Updated 9/2019

Instructions

This form is to be completed and submitted quarterly. The form is due to the Commission within 45 days of the end of the quarter, although we encourage early submission.

Before you begin

Before filling out the form, it is essential to collect all the information you will need to report to the Commission. If you have gathered all the necessary documents, this form should take less than one hour for most counties to complete and submit.

Items to gather:

- 1. Quarterly payments made by the Auditor to attorneys and staff, including salary, benefits, and all other compensation**
- 2. Any other public defense expenses paid by the Auditor during the quarter**
- 3. Quarterly caseload assignments for attorneys**
- 4. Standard E and F Qualification Forms for attorneys**

These documents may come from a variety of sources, including the Auditor, court staff, or the public defender office. Work with your Public Defender Board to set up a system that will guarantee an accurate data capture each quarter. It is not uncommon for multiple county agencies to work together to compile this data.

Keep a copy of all expenditures and receipts in case the Commission audits the submission. Please follow your county's document retention schedule.

Reimbursement request—an overview

The updated form combines the previous five documents into one. Before sending the reimbursement request to the Commission, make sure you have reviewed the following tabs within the document:

Form I: Request for Reimbursement

- *Provides an overview of all indigent defense expenditures of the quarter, and calculates the total amount requested for reimbursement by the county*

Form II: Attorney Qualifications

- *Lists each attorney, their qualifications, FTE cap, and payments for the quarter*

Form III: Case Assignment Worksheet

- *Lists each attorney and their caseload for the rolling year*

Contact Information

- *Previously listed on Form I, this tab lists the County Public Defender Board information, as well as the public contact information.*

Verifications Page (Print and Sign)

- *A page signed under penalty of perjury that all the included data is true to the best knowledge of the Public Defender Board Chair and the Auditor. This is the only tab that should be printed. A scanned copy of the signature page should be emailed to information@pdcom.in.gov. **It is no longer necessary to mail any hardcopies.***

Self-Insurance (if applicable)

- *A worksheet available to assist in maximum caps for eligible benefit requests. Note: This worksheet only applies to those counties whose employees are covered under “self-insured” plans by the county.*

Additional Information (if applicable)

- *A worksheet available to assist in communications regarding your request and to calculate non-reimbursable percentages for support staff.*

Note: Form IV has been removed as the functions are now embedded within other tabs.

Tab 1: Form I Request for Reimbursement

This tab serves as the cover page for the reimbursement request. It is presented to the Commission each quarter and is what the Commission votes to approve for your reimbursement. It should reflect the overview of the county structure and categorized expense totals.

Note: Data should only be entered in the highlighted cells. The other cells auto-calculate.

Filling out the Preparer's Information

1. County

Enter the name of the county requesting reimbursement

2. Year

Enter the year for which the county is seeking reimbursement

3. Quarter

This should always be the three month period for which the county is seeking reimbursement. Select from the drop down menu the quarter for which you are requesting reimbursement. Usually you will request one quarter behind the quarter you are currently in. Please note: the **only** acceptable values are "1", "2", "3", or "4".

 Request for Reimbursement	
Email completed form to: information@pdc.com.in.gov	
COUNTY:	1
Year	2
Quarter	3 2
PREPARER'S NAME:	4
PREPARER'S EMAIL ADDRESS:	5
PREPARER'S CONTACT NUMBER:	6
Check all boxes that apply to your county:	
<input type="checkbox"/> Self Insurance for health insurance	7
<input type="checkbox"/> Chief Public Defender	
<input type="checkbox"/> Office	
<input type="checkbox"/> Chief Deputy	
Enter the total number of full time equivalents (FTE) for each category below. See instructions for more information.	
Paralegals	
Investigators	8
Social Workers	
Administrative Assistants	
Office Administrators	
Interns	
Other Non-Litigation Support Staff	

4. Preparer's Name

This box should be the name of the person who actually completed the form. If more than one person gathers the data for the reimbursement, for example, a court staff member and a member of the Auditor's Office, both names should be listed. Do not list the name of the Judge or Chief Public Defender if they do not fill out the form.

5. Preparer's email address

Please list email contact information for the preparer, including all e-mails of those named in Item 4.

6. Preparer's Contact Number:

Please list the number to contact the person or persons who prepared the request.

Filling out the County Profile

7. County Structure

Check the appropriate boxes as they relate to the public defender system in your county

8. Non-attorney staffing

Enter the staffing levels for each of the categories listed. These should be listed as full-time equivalents (FTE). A part-time position should be listed as .5. For contractors and hourly employees, please count the position at the level they are authorized to work at, regardless of what was actually worked and billed during the quarter. For example, an investigator may only work when needed, but is authorized to go up to a full-time workload. This position should be calculated as 1.0 FTE. Conversely, a social worker who may also be on contract as needed, but has a maximum cap of 20 hours per week of a 40 hour work week, should be listed as .5 FTE.

Financial Information

This section provides the overall amount of public defense-related expenditures by your county, the total amount that is non-reimbursable by the Commission, and the amount your county requests to be reimbursed.

I. FINANCIAL INFORMATION									
Total Expenditures (for indigent defense during the period covered)		9	\$0.00						
Non-Reimbursable Expenditures	\$	10	-				County Actual Expense Non-Reimbursable Amount (see instructions)		
Reimbursable Expenditures		11	\$0.00						
40% Reimbursement Amount		12	\$0.00						

9. Total Expenditures

This total reflects every dollar spent by your county on indigent expenses. Do not attempt to calculate this number yourself or enter any data—it will auto-calculate from numbers you enter on the following sections.

10. Non-reimbursable Expenditures

If your county uses our forms to determine non-reimbursable totals, this amount will be auto-calculated for you based on the compensation and qualifications entered on the second tab and the caseload entered on the third tab.

Actual Expenses: If your county utilizes actual expenses to determine non-reimbursable amounts, enter the county calculated total in the teal box. The form is designed to use the county actuals, if that number is present. Note: only actual non-reimbursable expenses should be entered here, not a total from an alternative calculation. Generally speaking, only counties with hourly attorneys who bill based on work performed or counties who utilize attorneys with 100% non-reimbursable caseload will be able to utilize this method. Questions regarding non-reimbursable calculations should be sent to information@pdcom.in.gov.

11. Reimbursable Expenditures

Like total expenditures, this number will auto-calculate by taking the total expenditures and subtracting the non-reimbursable expenditures.

12. 40% Reimbursable Amount

This number will also auto-calculate by figuring 40% of the above total. This is the amount that will be submitted to the Commission for payment.

Entering your county’s public defense expenses by category

Section A – Personal Services (Employees and Contractors)

1. Paralegals (incl benefits)	\$0.00
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)	\$0.00
Percentage of time spent on non-reimbursable case support	0%
4. Administrative Assistants, Office Managers, Interns, & Non-Litigation Support Staff (incl benefits)	\$0.00
Percentage of time spent on non-reimbursable case support	0%
5. Attorneys with no caseload (incl benefits)	
Percentage of time spent on non-reimbursable case support	0%
6. Total Attorney Salaries	\$0.00
7. Total Attorney Benefits	\$0.00
TOTAL PERSONAL SERVICES	\$0.00

1. Paralegals (including benefits)

Enter compensation (including benefits) paid to paralegals during the quarter. Note: counties that are self-insured must adhere to self-insurance caps for support staff. A worksheet is available to assist in determining the maximum self-insurance allowance.

On the next line, enter the percentage of time the paralegal(s) worked on non-reimbursable cases. Any time these percentages are changed from one quarter to another, please submit an explanation of the changes on the Additional Information tab. The percentages should be reviewed on a regular basis (such as annually) to ensure accuracy.

If you have more than one person in a single classification, a non-reimbursable percentage worksheet is available on the “additional information” tab to assist you in this calculation.

2. Investigators (including benefits)

See Item 1.

3. Social Workers (including benefits)

See Item 1.

4. Administrative Assistants, Office Managers, Interns and non-litigation support staff (including benefits)

See Item 1.

5. Attorneys with no caseload (including benefits)

See Item 1.

6. Total Attorney Salaries

Do not enter anything on this line as it will auto-calculate from the next tab.

7. Total Attorney Benefits

Do not enter anything on this line as it will auto-calculate from the next tab.

Total Personal Services

Do not enter anything into this line as it will auto-calculate from Section A Lines 1-7

Section B - Supplies and Equipment

Enter here all expenses your county incurred providing supplies to support public defenders in your county. If you have a question about whether an expense is eligible for reimbursement, please contact Commission staff.

1. Office Supplies

Enter the total amount of office supplies purchased that were used for public defender services.

2. Equipment Repair and Maintenance

Enter the total amount of repair and maintenance supplies purchased that were used for public defender services.

3. Equipment Rentals

Enter the total amount of equipment rental fees paid during the quarter for public defender services.

4. Other Supplies

Enter the amount of other supplies purchased (not listed above) that were used for public defender services.

TOTAL SUPPLIES

Do not enter anything on this line. It will auto-calculate from lines 1-4.

B. SUPPLIES & EQUIPMENT
1. Office Supplies
2. Equipment Repair and Maintenance
3. Equipment Rentals
4. Other Supplies
TOTAL SUPPLIES

Section C – Other Services and Charges

Enter here all expenses paid to services that support your public defenders.

1. Professional Services

Do not enter anything into this line as it will auto-calculate the total of lines 1a-1b.

a. Expert Consultants/Witnesses

Enter the total amount paid to expert consultants and witnesses hired by the public defender. This does NOT include psychological services that are required by the court for a formal competency or sanity evaluation. The first two psychological examinations ordered by the court for competency and sanity are statutorily required to be ordered by the court regardless of whether or not the person is indigent. These are court

expenses - thus not eligible for reimbursement. The third, optional, exam if ordered upon request of a public defender, would be reimbursable and would be listed. Any appearance costs for in court time that is performed at the request of the public defender for any of the evaluators would be reimbursable. Informal competency assessments performed at the public defender's request are reimbursable. If you have questions, please contact Commission staff.

On the next line, enter the amount included in Line 1.a. that is attributable to non-reimbursable cases.

b. Interpreters

Enter the total amount paid to interpreters. Routine time spent interpreting for the court is a court expense and **not** reimbursable. Time spent interpreting for the client and public defender is reimbursable and should be included here.

On the next line, enter the amount included in Line 1.b. that is attributable to non-reimbursable cases.

2. Defense Requested Depositions

Enter the total amount paid for depositions requested by a public defender. Please ensure that this line does not include any depositions requested by either the court or prosecutor.

On the next line, enter the amount included in Line 2 that is attributable to non-reimbursable cases.

C. OTHER SERVICES AND CHARGES	
1. Professional Services:	
a. Total Expert Consultant/Witness Expenses	
Amount spent on non-reimbursable cases	
b. Total Interpreter Expenses	
Amount spent on non-reimbursable cases	
2. Total Defense Requested Depositions	
Amount spent on non-reimbursable cases	
3. Total Defense Requested Transcripts	
Amount spent on non-reimbursable cases	
4. Travel Expenses	
5. Printing, Copying, Postage	
6. Utility Services (including telephone service)	
7. Building Rental/Lease	
8. Facility Repair and Maintenance	
9. Building Related Expense Proration (see instructions)	
10. Continuing Legal Education (CLE)	
11. Other non-listed Services and Charges (describe)	

3. Defense Requested Transcripts

Enter the total amount paid for transcripts requested by the public defender. Please ensure that this line does not include any depositions requested by either the court or prosecutor.

On the next line, enter the amount included in Line 3 that is attributable to non-reimbursable cases.

4. Travel Expenses

Enter the amount paid for public defense travel expenses, including mileage, lodging, etc.

5. Printing, Copying, and Postage

Enter the amount paid for public defense printing, copying, and postage expenses.

6. Utility Services

Enter the amount paid for public defense utilities, including telephone services.

7. Building Rental/Lease

Enter the amount paid for building rental and/or office lease for public defender services.

8. Facility Repair and Maintenance

Enter the amount paid for repairs and maintenance of the facility.

9. Building (Capital) Related Expense Proration

The Commission must pre-approve this expense. If a county purchases a building or land to house public defense services, reimbursement will be: (1) prorated over a ten-year period and (2) reimbursement shall be capped at no more than the cost of market rent for comparable office space/location. Enter the *Commission approved* quarterly amount on this line. Note: The reimbursement may not exceed 40 quarters (ten years). More information on getting Commission approval can be found on the PDCOM website at the following link and clicking on "Commission Guidelines Related to Non-Capital Cases": <http://www.in.gov/publicdefender/2340.htm>

10. Continuing Legal Education (CLE)

Enter registration expenses paid by the county for public defenders to attend CLEs and other expenses relating to providing training for public defenders.

11. Other services and charges not listed

Enter the amount and describe the expenditure on the line(s) below. If needed, utilize the additional information tab to explain other services.

Total Other Services and Charges

Do not enter anything as this line will auto-calculate the total of Section C, Lines 1-11.

Total expenditures for this quarter

Do not enter anything into this line as it will auto-calculate the subtotal of Section A, B and C. This will carry over to Section I above.

Tab 2: Form II

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	
Attorney Last Name	Attorney First Name	Title (Chief, Deputy, etc)	Status	Salary/Contract/Hourly	FTE Max	Compensation	pd	Benefits	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 LA and up?	Qualified for Appeals Level 5 and below?	Reimbursable	Non-Reimbursable

This sheet should list every attorney who works in your county and how much they were paid (if any) this quarter, with benefits listed separate from salary. The case type qualifications are also stored on this tab. It is essential to verify each case type and whether the attorney is qualified. The qualifications listed here determine the non-reimbursable amounts for each attorney. If you have any questions about attorney qualifications, please contact Commission staff. We are able to provide a report of the qualifications we have on file. When you receive a new E and F form, please send a copy to the Commission, retain a copy for your records, and update Tab 2.

Attorney Information

1. Attorney Last Name

Enter the last name of the attorney. If they have changed names (for example, through marriage), please list any previous name that they worked or were paid under during the last four quarters.

Ex.

Attorney Last Name	Attorney First Name
Smith (Jones)	Jane

If attorney is paid multiple ways (such as a .66 contract with the option for hourly casework limited to .34), the attorney and their corresponding pay should be listed separately.

Ex.

Attorney Last Name	Attorney First Name
Smith (C)	Jon
Smith (H)	Jon

If your county contracts with a firm and multiple attorneys are assigned cases, each attorney should be listed with the firm name also noted.

Ex.

Attorney Last Name	Attorney First Name
Williams (Jones, Smith, Black)	Jane
Davis (Jones, Smith, Black)	Jon
Wilson (Jones, Smith, Black)	Mark

2. Attorney First Name

Enter the first name of the attorney.

3. Title

Enter the title of the attorney, such as Chief Public Defender, Deputy, etc.

4. Status

Do not enter anything in this cell. It will carry over from the next tab.

5. Salary/Contract/Hourly

Enter the classification of the attorney's pay: Salary, Contract or Hourly. If the attorney is salaried or contracted (capped at less than 1.0 FTE) and also receives additional hourly pay, enter those on separate lines as they will have different caseloads on the next tab.

6. FTE Max

Attorneys are no longer classified as "part-time" or "full-time". Instead, all attorneys will be a percentage of a full-time equivalent (FTE). Full-time attorneys will be capped at 1.0 FTE. Anything other than full-time will be a percentage. Former traditional "part-time" attorneys should be listed as .50 FTE. If your county contracts with a firm and multiple attorneys from the firm are assigned cases, please contact Commission staff to determine the FTE max for each attorney.

7. Compensation

Enter the amount of salary, contract or hourly fees paid during the quarter.

8. Benefits Paid

Enter the amount of benefits paid on the attorney's behalf during the quarter. This should include ALL fringe benefits such as FICA, medical insurance, life insurance, etc. If your county is self-insured, be sure the medical insurance and/or claim amounts do not exceed the annual caps. The Self-Insurance worksheet tab is available to assist in this determination.

Qualifications

Attorney qualifications are determined by the Standard E and F Qualification Form. Counties should retain this form on file for each attorney in the county. All forms will be audited for accuracy, so it is essential that forms are completed fully and accurately. If you are unsure of an attorney's qualifications, please contact Commission staff and request a report of attorney qualifications from our records for your county.

In order to maintain an accurate database, all attorneys doing public defense in your county should submit a Standards E and F form, even if they are only working on non-reimbursable case types.

Note: All qualifications should be either "yes" or "no". Any other entry will result in errors in the form and non-reimbursable amounts will not calculate.

9. Qualified for Adult Murder

Enter either "yes" or "no"

10. Qualified for Adult Levels 1-4

Enter either "yes" or "no"

11. Qualified for Adult Level 5

Enter either "yes" or "no"

12. Qualified for Juvenile Waiver or Murder

Enter either "yes" or "no"

13. Qualified for Juvenile Levels 1-4

Enter either "yes" or "no"

14. Qualified for Juvenile Other

Enter either "yes" or "no"

15. Qualified for Child in Need of Services

Enter either "yes" or "no"

16. Qualified for Termination of Parental Rights

Enter either "yes" or "no"

17. Qualified for Level 4 and up Appeals

Enter either "yes" or "no"

18. Qualified for Level 5 and Below Appeals

Enter either "yes" or "no"

Tab 3: Form III New Case Assignment Worksheets

2	Adequate	3	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 IM JUV PROB VIOL	TRR	CHNS	ADULT PROB VIOL MH	ALL NON-REMBURSABLE OTHERS	CM TRIAL APPEALS	CM GUILTY PLEA APPEALS	TRIAL APPEALS	GUILTY PLEA APPEALS	GUILTY PLEA APPEALS	TOTALS
			#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#	#

All attorneys that have done public defense work in the last four quarters **must** be reported on a worksheet, even if they do not regularly work in your county (e.g., conflict counsel). Form III’s eight variations are all on this one tab. As in previous tabs, only the yellow highlighted boxes require input.

1. Attorney Name

Do not enter a name. The attorney name will carry over from the Form II tab.

2. Status

Using the dropdown, select the appropriate status for the attorney.

Commission staff work with the Public Defender Board and you to determine which designation is appropriate depending on the number of support staff and salaries paid to public defenders. There are four possible status designations, and your county may use one or multiple depending on your setup.



- Adequate Support Staff
- Inadequate Support Staff
- Adequate Support Staff in Level 6 Courts
- Inadequate Support Staff in Level 6 Courts

Support Staff

The table below illustrates adequate staffing requirements. Please contact Commission staff for assistance in adequate staffing determinations.

<u>Trial</u>	
Secretary/Paralegal	1 for every 4 full-time attorneys
Paralegal/Investigator	1 for every 4 full-time attorneys
Other Litigation support (social worker, mitigation investigator, etc.)	1 for every 4 full-time attorneys
Total	.75 support staff for each full-time attorney
<u>Appeal</u>	
Support Staff (secretary, paralegal, law clerk)	1 for every 4 full-time attorneys

3. Caseload Limits

These numbers are determined by the status selected in #2 above and the FTE cap entered on the second tab.

4. Case Types

The old forms combined several types and levels. These new divisions attempt to better line up with qualification standards and appropriate case weights.

CAP MUR: Capital Murder

Murder: Adult Murder

Levels 1-2 – This column should include both levels of adult felonies

Levels 3-4 – This column should include both levels of adult felonies

Levels 5 – Adult Level 5 felonies

Level 6 – Adult Level 6 felonies

CM Only – Adult Criminal misdemeanors

JD (Levels 1-2) – Juvenile cases assigned that would have been a Level 1 or 2 felony if tried as an adult

JD (Levels 3-4) – Juvenile cases assigned that would have been a Level 3 or 4 felony if tried as an adult

JD (if Level 5) – Juvenile cases that would have been a Level 5 if tried as an adult

JD (if Level 6) – Juvenile cases that would have been a Level 6 if tried as an adult

JD (if CM as an adult) – Juvenile cases that would have been a misdemeanor if tried as an adult

JS, JM, JUV. PROB. VIOL – Juvenile status and juvenile miscellaneous cases, as well as juvenile probation violations

TPR – Termination of Parental Rights. See Commission Standard J to determine how to count TPR cases. If you have questions, please contact Commission staff.

CHINS – Child in Need of Services. See Commission Standard J to determine how to count CHINS cases. If you have questions, please contact Commission staff.

ADULT PROB. VIOL., MH – Adult probation violation cases and mental health cases. Note: Any probation violation charge, under a Cause Number that was previously defended by a court-appointed public defender (even if it was a different attorney), shall not be counted as a new case. Any probation violation, under a Cause Number that was previously defended by private counsel, and a public defender is appointed by the court to defend the probation violation charge, shall be counted as a new case.

ALL NON-REIMBURSABLE OTHERS – any other type of cases assigned to a public defender that is not a criminal case, for example, an adoption or Guardian Ad Litem appointment. **CM probation violations should also be included in this category.** See probation violation case count instructions above.

CM TRIAL APPEALS – for appeals from the trial level from misdemeanor cases (Note: these appeals are non-reimbursable)

CM GUILTY PLEAS APPEALS – for appeals from a guilty plea from misdemeanor cases (Note: these appeals are non-reimbursable)

TRIAL APPEALS – for appeals from the trial level, including juvenile cases and TPR/CHINS appeals

GUILTY PLEAS APPEALS – for appeals from a guilty plea, including violations of probation appeals

5. Quarterly assignments

Murder 120.0		Levels 1-2 120.0		Levels 3-4 120.0		Level 5 120.0		Level 6 200.0	
#	CAP		CAP		CAP		CAP	#	CAP
1	0.008	0	0.000	0	0.000	6	0.050	9	0.045
2	0.017	1	0.008	0	0.000	2	0.017	6	0.030
3	0.025	0	0.000	0	0.000	0	0.000	2	0.010
4	0.033	0	0.000	0	0.000	4	0.033	12	0.060
10	0.083	1	0.008	0	0.000	12	0.100	29	0.145

Using the data you gathered before starting the form, enter the number of cases assigned to each attorney, per case type, in the quarter you are reporting. The current quarter (determined by your selection on the first tab) will be highlighted. How to count cases, especially probation violations and CHINS/Termination cases, is governed by Commission Guidelines for Standard J available at: <http://www.in.gov/publicdefender/2340.htm>. You can always contact Commission staff with questions.

This spreadsheet reports on a rolling year basis. This means that if you are reporting 2Q2019, you will simply replace the 2Q line for each attorney, and your spreadsheet will reflect: 1Q2019, 2Q2019, for the current year, and 3Q2018, and 4Q2018 from the previous year. Next quarter, you would simply replace 3Q2018 with the 2019 data, and so on.

The case assignments on this tab, along with the salary, benefits, and compensation entered on the second tab will calculate the non-reimbursable totals which appear on the first tab (item #10 on page 7). This has eliminated the need for the former Form IV: Non-Reimbursable Calculator.

Checking Attorney Workload

Each attorney's caseload must stay at or below 100% of their capacity (CAP). Capacity is determined by calculating caseloads assigned, FTE maximum, and support staff designation. To check that your attorneys are in caseload compliance, look for the bolded number in the bottom right-hand corner of each attorney's listing. That is the sum total of all four quarter's capacity.

TOTALS	
#	CAP
100	25.000%
30	25.000%
125	25.000%
100	25.000%
355	100.000%

Compliance key

Black Text	Attorney is in compliance; no action needed
Red Text	Attorney is in <i>substantial compliance</i> : County plan is required
White Text	Attorney is <i>out of compliance</i> : County plan is required

If your attorneys are out of compliance, please contact staff immediately.

Exception:

Attorneys who handle exclusively non-reimbursable cases (i.e. Non-Reimbursable Other and Adult Criminal Misdemeanors ONLY) are not required to have a CAP at or below 100%. If the attorney handles reimbursable AND non-reimbursable cases (i.e. a mixed caseload of felonies and adult criminal misdemeanors) then they must have an assigned caseload of 100% capacity or lower.

This form provides warnings if the attorney is above quarterly or annual compliance thresholds. The Commission reviews for **four quarters of compliance**, however quarterly compliance is reviewed as a tool to assist in annual compliance issues. If the cells are green with black text, the attorney is in compliance with that period. Variants of red highlighting and text indicate potential compliance issues and should be reviewed. Any compliance concern should be addressed when the request for reimbursement is submitted.

Example 1

In Example 1 to the right, the second quarter would be above the 25% quarter allotment, however the attorney is still within substantial compliance (illustrated by the pink cell with red text). The third quarter is above the substantial compliance threshold (illustrated by the red cell with white text). In this example, the attorney is still within annual compliance (illustrated by the green cell with black text) and no formal action would be taken. It is likely that staff would review the quarterly compliance issues with you to attempt to prevent or anticipate any subsequent annual compliance problem.

TOTALS	
#	CAP
100	25.000%
32	26.667%
150	30.000%
60	15.000%
342	96.667%

Example 2

In Example 2 to the right, Q2, Q3, and Q4 are out of compliance and the annual cap is above 100% but less than 110% (illustrated by the pink cell with dark red text). If your attorneys are above 100%, please submit your county's plan to get them back into compliance on the additional information tab. In this example, the attorney is within *substantial* compliance and no formal action would be taken. However, because they are above 100%, the county's plan to get the attorney back under 100% is still required.

TOTALS	
#	CAP
100	25.000%
32	26.667%
150	30.000%
109	27.250%
391	108.917%

Example 3

In Example 3 to the right, Q2, Q3, and Q4 are out of compliance and the annual cap is above 110% (illustrated by the bright red cell with white text). If your attorneys are above 100%, please submit your county's plan to get them back into compliance on the Additional Information tab. In this example, the attorney is out of compliance and will be reported at the Commission's quarterly meeting for review.

TOTALS	
#	CAP
100	25.000%
32	26.667%
150	30.000%
125	31.250%
407	112.917%

Note: The information entered in tabs 2 and 3 calculate the non-reimbursable attorney costs, eliminating Form IV.

Tab 4: Contact Information

In the highlighted cell, enter your county's next scheduled meeting date.

In the highlighted cells, enter the contact information for the judicial, county executive, and Commission appointee, a public point of contact, and if applicable, the Chief Public Defender. Mark the checkbox next to the board member that is currently serving as the chair. It is essential to include valid contact information, including email addresses, for each board member. If needed, additional board members and contact information may be entered below.

It is important to review and update the contact information page each quarter. The Commission uses this information to send relevant information to board members on a regular basis. Additionally, the Commission often receives calls from individuals trying to contact their local public defender office. This information helps us to refer them to the appropriate person. **A public contact is required.**

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

Tab 5: Verifications

This form is signed under penalty of **perjury**; please ensure that those who sign it review the document for its accuracy.

Certification of Public Defender Board

The chair of the board will complete the top section, including a signature. The county name will autofill from the first tab. If your county has a digital signature available, this form is able to be digitally signed.

Certification by County Auditor

The Auditor of the county will complete the bottom section, including a signature. The county name will autofill from the first tab. If your county has a digital signature available, this form is able to be digitally signed.

Quarter Summary

The financial information from the first tab will carry over to the verifications sheet.

If your county does not utilize digital signatures, a printed and scanned copy of this tab is to be emailed to information@pdcom.in.gov. It is no longer required to mail this form (or any of the reimbursement request) to us. Please retain the original signature page in your office in accordance with your county's retention schedule.

Certification by Public Defender Board	
I, _____, chair of the _____	0
County Public Defender Board, hereby certify that the aforementioned financial information, attorney information, and information contained on the "Case Assignment Worksheet" is true, accurate, and complete to the best of my knowledge; and furthermore, that the county is currently operating in substantial compliance with the "Standards for Indigent Defense Services in Non-Capital Cases" of the Indiana Public Defender Commission.	
Date _____	 Board Chair
Certification by County Auditor	
I, _____, Auditor of _____	0
County, hereby certify that I have reviewed the information contained in this "Request for Reimbursement," and that the amount listed below specifying the total expenditures for indigent defense during the period is true and accurate to the best of my knowledge.	
Date _____	 County Auditor
Quarter Summary	
Total Expenditures (for indigent defense during the period covered)	\$ -
Non-Reimbursable Expenditures	\$ -
Reimbursable Expenditures	\$ -
40% Reimbursement Amount	\$ -

Self-Insurance Tab

Counties participating in self-insurance for health care are limited in the amount of reimbursement they can receive. The cap for each calendar year is the amount the State would pay for the employer premium. This information can be found on our website: <https://www.in.gov/publicdefender/2378.htm>. Updated rates should be input in March every year to ensure the latest caps are included. The self-insurance caps operate on a calendar year basis. These should be cleared out after the 4th quarter submission and restarted with 1Q.

This process applies to all employees covered under a county self-insurance program, including support staff.

2019 Cap:

Single: \$6,753.24

Family: \$19,183.32

To track the amount submitted year-to-date and determine eligible expenses, enter the employee name and use the drop down to select the coverage type (Single or Family).

The maximum allowed rate per employee for 2019 is:					
Single		\$ 6,753.24		Family	
		\$		19,183.32	
		Quarterly Amount Eligible for Reimbursement			Quarterly Amount Eligible for Reimbursement
ABELL	Single			Family	
Quarter 1	\$ -	\$ -	Quarter 1	\$ -	\$ -
Quarter 2	\$ -	\$ -	Quarter 2	\$ -	\$ -
Quarter 3		\$ -	Quarter 3	\$ -	\$ -
Quarter 4		\$ -	Quarter 4	\$ -	\$ -
Total	\$ -	\$ -	Total	\$ -	\$ -

Enter the total amount of health care claims for each employee in the yellow column for the current quarter.

The worksheet will calculate the amount eligible to claim as health insurance benefits for the employee.

		Quarterly Amount Eligible for Reimbursement
	Single	
Quarter 1	\$ 500.00	\$ 500.00
Quarter 2	\$ -	\$ -
Quarter 3	\$ -	\$ -
Quarter 4	\$ -	\$ -
Total	\$ 500.00	\$ 500.00

In the examples below, the yellow amounts are the amount the county paid in each quarter. The “quarterly amount eligible for reimbursement” is the amount eligible to be included in the request each quarter.

Example 1:

	Single	Quarterly Amount Eligible for Reimbursement
Quarter 1	\$ 500.00	\$ 500.00
Quarter 2	\$ 500.00	\$ 500.00
Quarter 3	\$ 125.00	\$ 125.00
Quarter 4	\$ 12.50	\$ 12.50
Total	\$ 1,137.50	\$ 1,137.50

In Example 1, the entire quarterly amount of the healthcare claims are eligible for reimbursement each quarter.

Example 2

ABELL	Family	
Quarter 1	\$ 600.00	\$ 600.00
Quarter 2	\$30,000.00	\$ 18,583.32
Quarter 3	\$ 200.00	\$ -
Quarter 4	\$ 500.00	\$ -
Total	\$31,300.00	\$ 19,183.32

In Example 2, the entire amount for the first quarter is eligible for reimbursement, but only \$18,583.32 is eligible in the second quarter because the cap has been met. All expenses in Q3 and Q4 are shown as ineligible by returning no amounts under “quarterly amount eligible for reimbursement.”

This worksheet is not required to be completed, however, a similar calculation method with appropriate maximums should be made available to the Commission upon request for audit purposes.

How to submit the reimbursement request

Send the Excel file to information@pdc.com.in.gov. **No other format will be accepted.**

Send a scanned copy signature page with the Excel file if your county does not utilize digital signatures. DO NOT MAIL ANY HARDCOPIES! Keep the original signature page in your office, following your county's retention schedule.

Submissions are due to be received by our office within 45 days of the end of each quarter. Late requests are subject to penalties ranging from a 10 to 100% reduction of the reimbursable amount per Commission guidelines:

12/15/05 (Amended Guideline) To be eligible for maximum reimbursement, claims in non-capital cases must be received by the Commission not later than forty-five (45) days after the end of the calendar quarter in which they were incurred. Claims received 1 to 10 days later than 45 days after the end of the calendar quarter will be penalized 10% of the maximum eligible reimbursement. Claims received 11 to 20 days later than 45 days after the end of the calendar quarter will be penalized 25% of the maximum eligible reimbursement. The Commission will deny all late claims received more than 65 days after the end of the calendar quarter.

Reimbursement Request Due Dates

First Quarter (January 1 – March 31) due May 15

Second Quarter (April 1 – June 30) due August 14

Third Quarter (July 1 – September 30) due November 14

Fourth Quarter (October 1 – December 31) due February 14

Additional Resources

To obtain the latest copies of the forms, and learn more about recent Commission changes, visit www.in.gov/publicdefender

To receive our newsletter electronically, please email information@pdc.com.in.gov and request electronic delivery.

Final Submission Checklist

The following checklist is a tool to review your form prior to submission. Do not submit this checklist with your request.

Tab 1: Financial Information

- Preparer's contact information listed
- Proper quarter selected from the dropdown menu
- All non-reimbursable expenses are accounted for (depositions, transcripts, percentage of time spent on non-reimbursable case types for support staff, etc)

Tab 2: Attorney Pay and Qualifications

- Review all qualifications for accuracy. If an updated Standards E and F form is necessary, please send it to information@pdcom.in.gov.
- Attorney names are listed correctly
- Review all FTE caps for accuracy

Tab 3: New Case Assignment Worksheet

- Appropriate attorney status (adequate, inadequate, etc) selected from the dropdown
- Review quarter and annual CAP for compliance issues. Address any compliance issues when submitting request
- All four quarters listed

Tab 4: Contact Info

- PD Board Members are listed if applicable
- Public Contact listed
- Chief Contact listed if applicable

Tab 5: Verifications

- Appropriate signatures obtained
- Scan and email this page to information@pdcom.in.gov if digital signatures are not available

Standards E and F forms

- New and/or updated forms submitted to information@pdcom.in.gov

Additional Information

- Any compliance issues are addressed
- Any changes to non-reimbursable percentages of support staff explained

Submission Checklist

- Submitted within 45 days of the end of the quarter
- Excel file emailed to information@pdcom.in.gov