



**REQUEST FOR STATE REIMBURSEMENT FOR COSTS OF DEFENSE SERVICES IN A CAPITAL CASE**

State Form 44240 (R4 /0101) Form approved by State Board of Accounts, 2000

County	Court	Cause number
Date case originally filed (mo., day, yr.)	Date death request filed/case remanded (mo., day, yr.)	Name of defendant
Date sentence imposed (mo., day, yr.)	Jury - Recommendation of death <input type="checkbox"/> Yes <input type="checkbox"/> No	Court - Sentence of death <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Defense Lead Counsel	Address of Defense Lead Counsel	Telephone number of Defense Co-counsel ( )
Name of Defense Co-counsel	Address of Defense Co-counsel	Telephone number of Defense Co-counsel ( )

List Below the County expenditures for defense services in a death penalty case, using additional pages if necessary. Attach copies of invoices or billing statements and proof of payment in the same order as items are listed below. Attach a recent copy of the chronological case summary.

ATTORNEY FEES (for services performed after 9-1-90)					
Name of Attorney	Address	Total hours	Hourly rate	Date paid	Amount paid
					Total

NON-ATTORNEY EXPENDITURES (for expenses incurred after 7-1-89)				
Payee	Description of services of expenses. Each <b>must</b> include <u>one</u> of the following types: Expert, Factual inv., Mitigation inv., Paralegal/Law clerk, Transcripts/Depositions, Other.	Dates expenses incurred	Date paid	Amount Paid
				Total

I certify that the expenses listed above have been paid.		Total amount paid
Signature of County Auditor	Date signed (mo., day, yr.)	

I certify that counsel appointed after December 31, 1991 were appointed in compliance with the provisions of Criminal Rule 24, including the requirements concerning counsels's caseload.		Total reimbursement requested (50% of amount paid)
Signature of Judge	Date signed (mo., day, yr.)	

I certify that the services listed above were performed, that I was appointed after December 31, 1991, and that my appointment was and continues to be in compliance with Criminal Rule 24, including the caseload requirements in Criminal Rule 24(B)(3)(c) and (d) for salaried or contractual public defenders, as applicable.		Expenses not approved for reimbursement
Signature of Lead Counsel	Date signed (mo., day, yr.)	
Signature of Co-counsel	Date signed (mo., day, yr.)	

<b>APPROVED FOR PAYMENT</b>	Signature of Indiana Public Defender Commission Chair	Date signed (mo., day, yr.)	Total amount approved for reimbursement
	Signature of State Court Administration Executive Director	Date signed (mo., day, yr.)	