MOTION, ENTRY, AND CERTIFICATION FOR APPOINTED COUNSEL FEES								
In the Court o	of, Ohio							
Plaintiff: Case No								
Appellate Case No. (if app.)								
v	·							
Defendant/Party Represented   Capital Offense Case (check if Capital Offense case)  Guardian Ad Litem (check if appointed as GAL)								
In re: Jud	dge:							
MOTION FOR APPROVAL OF PAYMENT OF APP	POINTED COUNSEL FEES AND EXPENSES							
The undersigned having been appointed counsel for the party represented moves this Court for an order approving payment of fees and expenses as indicated in the itemized statement herein. I certify that I have received no compensation in connection with providing representation in this case other than that described in this motion or which has been approved by the Court in a previous motion, nor have any fees and expenses in this motion been duplicated on any other motion. I, or an attorney under my supervision, have performed all legal services itemized in this motion.								
Periodic Billing (check if this is a periodic bill)								
As attorney/guardian ad litem of record, I was appointed on	, This case terminated and/or wa							
disposed of on, I am submitting								
NameSignatur	re							
10 10 00 00 00 00 00 00 00 00 00 00 00 0								
Address No. and Street City	State Zip OSC Reg. No							
SUMMARY OF CHARGES, HOURS  OFFENSE/CHARGE/MATTER List only the three most serious charges	BEODEE BIODOCITION							
1.)								
2.)								
3.)								
Grand Total Hours and Exp	Denses Travel Expenses \$							
□Flat Fee Hrs:In X Rate = \$								
Hrs:Out X Rate = \$	Counsel Fees \$							
	Grand Total \$							
JUDGMENT E	NTRY							
The Court finds that counsel performed the legal services set forth on the itemized statement on the reverse hereof, and that the fees and expenses set forth on this statement are reasonable, and are in accordance with the resolution of the Board of County Commissioners of County, Ohio relating to payment of appointed counsel, that all rules and standards of the Ohio Public Defender Commission and State Public Defender have been met.								
IT IS THEREFORE ORDERED that counsel fees and expenses be, and are hereby approved, in the amount of \$  It is further ordered that the said amount be, and hereby is, certified by the Court to the County Auditor for payment.								
Extraordinary fees granted (copy of journal entry attached)								
.ludae								
Judge								
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								

CASE N	UMBER					ATTORNEY	//GAL				
IF CAPIT	TAL OFFEN	ISE CA	SE, LI			AME HERE:					
l hereby o	certify that the	e followi	na time			E STATEMEN entation of the c		artv repr	esented		
THOTODY	T and the	Johowa	ollowing time was expended in representation of the defendant/party represented:  IN-COURT  IN-COURT				RT	I			
DATE OF SERVICE	OUT- OF- COURT TOTAL	PRE-TRIAL HEARINGS	ALL OTHER IN-COURT	IN- COURT TOTAL	DAILY TOTAL	DATE OF SERVICE (continued)	OUT- OF- COURT TOTAL	PRE-TRIAL HEARINGS	ALL OTHER IN-COURT	IN- COURT TOTAL	DAILY TOTAL
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*											
						GRAND					
			Continu	e at top of i	next column.	TOTAL	o be reported	l in tenth	of an hou	r (6 minute)	increments.
l hereby	certify that t	he follo	wing e	xpenses w	ere incurred:	ords/Reports (		(4) Othe		,	
	PAYEE	ries for I	ype: (	I) Postage/F	mone (2) Rec	orus/Reports (	3) Traver	(4) Other		AMO	TNUC
				A							
								T T/	OTAL		

CASE NUMBER	ATTORNEY/GAL
IF CAPITAL OFFENSE CASE, LIST CO-COUNSEL'S	S NAME HERE:
ITEMIZED DESCR	RIPTION OF SERVICES

I hereby certify that the following time was expended in representation of the defendant/party represented:

	Thereby certify that the following time was expended in representation of the deler			IN-COURT HOURS	
DATE OF SERVICE	DESCRIPTION OF SERVICE - MUST BE TYPEWRITTEN	OUT-OF- COURT HOURS	PRE-TRIAL HEARINGS	ALL OTHER IN-COURT	
		15			
	I			L	