

**PROFESSIONAL SERVICE REQUEST / SUPPLEMENTAL**

Client Name: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Current Charge / Potential Charges: \_\_\_\_\_

Are there any known co-defendants?     YES             NO

If yes, please list names of all known co-defendants: \_\_\_\_\_

\_\_\_\_\_

1. Requesting Attorney: \_\_\_\_\_

2. Nature of Services Requested:  INVESTIGATOR  OTHER – if other, please describe below:

\_\_\_\_\_

3. Name of current investigator: \_\_\_\_\_

4. If "OTHER" give name of the service provider: \_\_\_\_\_

5. Terms and conditions of payment:

Hourly Rate: \$ \_\_\_\_\_ (\$55/hour for investigators)

Maximum amount requested: \$ \_\_\_\_\_

Fixed Fee: \$ \_\_\_\_\_ If requesting fixed fee, explain if this fee includes trial testimony. If it does not include trial testimony, provide trial testimony fees: \_\_\_\_\_

\_\_\_\_\_

Other: (mileage set by IRS at \$0.625/mile and other reasonable expenses): \_\_\_\_\_

6. If this request is for investigator services, please describe the number of interviews anticipated and list the names of the people to be interviewed (initials are acceptable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If this is a request for investigator services, but for something other than interviews, please explain: \_\_\_\_\_

\_\_\_\_\_

If this request for investigator services includes a request for the investigator to interview the client, explain why defense counsel cannot or should not conduct that interview: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional page(s) attached.

7. In general terms describe the reason for the supplemental request (i.e. additional witnesses identified, expert witness now identified, new charges requiring investigation, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check one of the following boxes:**

**CERTIFICATION:** By my signature below, I hereby certify that this is a Kitsap County public defense case and that the indigent defense services requested above are necessary to ensure my client's adequate defense.

**CERTIFICATION:** By my signature below, I hereby certify that the indigent defense services I am requesting above are necessary to ensure my client's adequate defense and that my client is currently financially unable to obtain or pay for the same notwithstanding the fact that I am privately retained. *State v. Punsalan*, 156 Wn.2d 875, 879-80 (2016). **If you check this box, please also indicate on what date your client was found indigent by the Court. If client was previously determined to be indigent and the court appointed counsel prior to counsel being retained then check the first box. If not, please attach a subsequent order indicating the court has found your client indigent for purposes of qualifying for indigent defense services. RCW 10.101.010.**

Date that Court found your client indigent: \_\_\_\_\_.

Check either: \_\_\_\_\_ Order appointing in court file, or \_\_\_\_\_ Order later finding client indigent attached.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Requesting Attorney's Signature WSBA# \_\_\_\_\_

Approved  Approved with modifications (see notes below)

Declined (see notes below)

**Steven M. Lewis**, Chief Public Defender \_\_\_\_\_, initials and date

**Other:** \_\_\_\_\_, initials and date

Notes to requesting attorney:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Payment will be made only upon receipt of an itemized and signed request for payment accompanied by a copy of this authorization. Please use the REFERENCE NUMBER on any invoices submitted to our office, omitting the client name and case number. YOUR REFERENCE NUMBER IS: 035-\_\_\_\_\_.**