

ASSIGNED COUNSEL EXPENDITURE REQUEST FORM

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FROM:
NAME _____ FIRM _____
ADDRESS _____ PHONE _____
_____ DATE OF REQUEST _____
_____ COURT/DOCKET _____
CASE NAME _____ CHARGES _____

REQUEST FOR APPROVAL FOR (INCLUDE NAME AND ADDRESS OF SERVICE PROVIDER, IF APPLICABLE):

JUSTIFICATION _____

3RD PARTY EXPENSES: _____ TOTAL REQUESTED: _____ HOURLY RATE: _____

EXCESS COMPENSATION REQUESTED: AMOUNT REQUESTED: _____

ACTION OF ASSIGNED COUNSEL COORDINATOR

DATE _____

COMMENTS _____

REQUEST APPROVED _____ REQUEST DISAPPROVED _____ APPROVED AS MODIFIED _____ (6/07)