



1. Case information

PD case number: _____

Case info: People vs. _____
Case number

Charges _____
Court

Judge _____
Next court date

Attorney info: _____

Attorney name _____
Bar number

Attorney address _____
Phone number

Attorney email _____
Appointed Retained

If retained attach order determining indigency

2. I am requesting funds for an investigator to perform the following services:

- | | |
|---|--|
| <input type="checkbox"/> Witness locating (<i>Obtain contact info</i>) | <input type="checkbox"/> Vehicle title/ownership search |
| <input type="checkbox"/> Canvas neighborhood (<i>on-site search</i>) | <input type="checkbox"/> Fingerprint/Ballistics |
| <input type="checkbox"/> Interview witnesses | <input type="checkbox"/> Arson investigation |
| <input type="checkbox"/> Locate & recover available video/audio | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Accident investigation | <input type="checkbox"/> Foot/tire print analysis |
| <input type="checkbox"/> Background check | <input type="checkbox"/> Credit card history/tracking |
| <input type="checkbox"/> Cell phone forensics/cell tower/review procedure | <input type="checkbox"/> Lighting measurement/analysis |
| <input type="checkbox"/> Serve subpoenas | <input type="checkbox"/> Crime scene investigation – review & analysis |
| <input type="checkbox"/> Take scene photos/videos | <input type="checkbox"/> Social media search |
| <input type="checkbox"/> Other <i>Describe:</i> _____ | |

3. Brief description of the factual allegations/charges in the case:

(Detailed description—attach additional pages if necessary)

4. State the reason(s) why the investigator is needed:

5. State how the investigator will assist with presenting a defense:

6. State why the investigator is reasonably necessary to assist the attorney to effectively represent the client:

7. Investigator info *(Investigator's credentials and/or CV MUST be attached)*

Name of proposed investigator:		License #:
Address:	Phone:	Email:
Type of service:	Estimated time:	Hourly rate:
Type of service:	Estimated time:	Hourly rate:
Type of service:	Estimated time:	Hourly rate:
Total projected hours:		Total projected cost:

NOTE: Travel expense, access fees, copy fees & other expenses are not approved on this form. Any request for such fees/expenses must be separately requested & approved in advance or they will not be paid.

I declare that all the information contained above is true and accurate.

DATE: _____

ATTORNEY SIGNATURE _____

Submit form & any follow up to publicdefender@macombgov.org

FOR ADMINISTRATIVE USE ONLY

Review date: _____

Approve/modify Denied

Reason for denial/modification: _____

Amount authorized: _____

Administrator signature: _____