



**Macomb County Office of Public Defender**  
 22 Market Street  
 Mount Clemens, MI 48043  
 Office: 586-466-8311 Fax: 586-466-8310  
 Email: publicdefender@macombgov.org



**MACOMB COUNTY PUBLIC DEFENDER REQUEST FOR AN INVESTIGATOR**

**1. Case information**

**PD number:** \_\_\_\_\_

Case info: People vs. \_\_\_\_\_  
*Court case number*

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*Charges* \_\_\_\_\_ *Court* \_\_\_\_\_

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*Judge* \_\_\_\_\_ *Next court date* \_\_\_\_\_

Attorney info: \_\_\_\_\_

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*Attorney name* \_\_\_\_\_ *Bar number* \_\_\_\_\_

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*Attorney address* \_\_\_\_\_ *Phone number* \_\_\_\_\_

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*Attorney email* \_\_\_\_\_ Appointed Retained  
*If retained attach Order of Indigency*

**ALL FIELDS OUTLINED IN RED ARE REQUIRED**

**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 other type of service:</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 requested services of the investigator are 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 information:**

<i>Investigator name (Investigator's CV must be attached.)</i>	<i>License number</i>
<i>Address</i>	<i>Phone number</i>
<i>Email</i>	

**8. Investigator cost estimate:**

Type of service:	Estimated time:	Rate:
Type of service:	Estimated time:	
Type of service:	Estimated time:	
Total projected hours:		Total projected:

*NOTE: Access fees, FOIA 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 I contacted the proposed investigator about their rate and estimated time and all the information contained above is true and accurate.

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

Submit form & any follow-up to: [publicdefender@macombgov.org](mailto:publicdefender@macombgov.org)

**MUST SUBMIT INVESTIGATOR'S CV WITH REQUEST, AND IF RETAINED, THE ORDER OF INDIGENCY.**

**FOR ADMINISTRATIVE USE ONLY**

Review date: \_\_\_\_\_

Approve/modify     Denied

Reason for denial/modification: \_\_\_\_\_

Amount authorized: \_\_\_\_\_

Administrator signature: \_\_\_\_\_