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 INVESTIGATOR

THIS IS A FILLABLE FORM. TYPE OUT ALL SECTIONS COMPLETELY. FAILURE TO COMPLY WILL CAUSE DELAYS.

1. Case information

PD number: _____

People vs. _____ Court case number: _____

Charges: _____ Court: _____

Judge: _____ Next court date: _____

Attorney: _____ Bar number: _____

Address: _____ Phone number: _____

Email: _____ Appointed ☐ Retained ☐

If retained, attach Order of Indigency

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

- ☐ Witness locating
- ☐ Canvas neighborhood
- ☐ Interview witnesses
- ☐ Locate & recover available video/audio
- ☐ Accident investigation
- ☐ Background check
- ☐ Cell phone forensics/cell tower
- ☐ Serve subpoenas
- ☐ Take scene photos/videos
- ☐ Social media search
- ☐ Vehicle title/ownership search
- ☐ Fingerprint analysis
- ☐ Ballistics
- ☐ Arson investigation
- ☐ Surveillance
- ☐ Foot/tire print analysis
- ☐ Credit card history/tracking
- ☐ Lighting measurement/analysis
- ☐ Crime scene investigation-review & analysis
- ☐ Other: _____

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

(Detailed description—attach additional pages if necessary.)

4. State the reasons why the 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:

Investigator name: _____ Phone number: _____

Address: _____ Email: _____

License number: _____

8. Investigator estimate:

Type of service: _____ Estimated time: _____ Hourly rate: $125.00/hr

Type of service: _____ Estimated time: _____

Type of service: _____ Estimated time: _____

Total projected hours: 0.00 Total projected cost: **$0.00**

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 I contacted the proposed investigator about their rate and estimated time and that all the information provided above is true and accurate.

DATE: _____ **ATTORNEY SIGNATURE:** _____

Submit form and any follow-up to: 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: _____

Revised 08/17/2026