

ANCILLARY SERVICES REQUEST FORM (IMMIGRATION)
OFFICE OF ASSIGNED COUNSEL
COUNTY OF SAN DIEGO
Revised: 03/17/2022

Appointed Program

DOJ Accredited Rep/Attorney: _____ Date: _____
Street Address: _____
City: _____ Zip: _____ Phone: _____ FAX: _____
Cell Phone: _____ E-mail Address: _____

Client Name: _____ DOB: _____
JCATS #: _____
NTA Charges (if applicable): _____
Pending Court Dates: _____

Total Dollar (\$\$\$) Amount Requested on this form = \$ _____

**Indicate how requested cost was calculated. Hourly Rate of Provider: \$ _____ ;
Number of Hours of service Requested: _____ ; or Flat Fee Info: _____**

I request authorization for [Check ONLY ONE type. Submit a SEPARATE form for each service requested.]

Investigation Psychological Evaluation Psychiatrist Transcript
Country of Origin Information Expert (COIE)
Other (Describe): _____

Service Provider Information:

Name of Service Provider: _____ *(Attach CV and IRS W-9 Form if new provider)
Billing Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ E-mail: _____

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I. BRIEF SUMMARY OF NTA OR GOVERNMENT REMOVAL THEORY (IF APPLICABLE):
(You may copy this summary from a previous ASR, but update the information as necessary to reflect any changes)

Start Summary [Here](#):

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II. DEFENSE VIEW OF CASE & GOALS (THEME OR THEORY) (Required for each ASR! You may copy this from a previous ASR, but update it as necessary to reflect new information):
Start *Here*:

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III. JUSTIFICATION SECTION: (Note: Field has a 4,000 character limit.)

Instructions:

1. Provide ***sufficient detail*** to permit the reviewer to determine ***on initial review*** whether the requested service is reasonably necessary for defending the case and whether the requested amount is reasonable and appropriate.
2. If Investigative Services are requested, describe what specific investigative tasks still need to be performed.
3. If witnesses are to be interviewed or subpoenaed, provide the name of each witness, or otherwise describe them.
4. If previous ancillary services requests were approved, summarize the results of those services or investigations.

START *HERE* (up to 4,000 characters):

PLEASE SUBMIT THIS FORM ELECTRONICALLY TO