

ANCILLARY SERVICES REQUEST FORM
OFFICE OF ASSIGNED COUNSEL
COUNTY OF SAN DIEGO
Revised: July 19, 2010

[NOTE: The Word version of this ASR form is preferred. Please use the Word version of the form if possible.]

Requesting Attorney: _____ Date: _____
Street Address: _____
City: _____ Zip: _____ Phone: _____ FAX: _____
Cell Phone: _____ E-mail Address: _____

Client: _____ Court Case #: _____

OAC Appointed Case: -OR- Retained Indigent Case: -OR- Pro Per Case:
Summarize Charges: _____
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; Interpreter; Paralegal; Transcript;
 Psychiatrist; Copy Authorization – Number of Pages to be Copied:
 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 PROSECUTION CASE (You may copy this summary from a previous ASR, but **update** the information as necessary to reflect any changes):

- Check if any confession or damaging admissions. Detail this in the summary you provide below.
- Check if physical-biological-forensic evidence (e.g., DNA, fingerprints, GSR, etc.). Detail below.

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** VIA E-MAIL TO OAC@SDCOUNTY.CA.GOV.

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