

**ANCILLARY SERVICES REQUEST FORM**  
**(PROBATE VERSION)**  
**OFFICE OF ASSIGNED COUNSEL**  
**COUNTY OF SAN DIEGO**  
Revised: November 15, 2017

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

---

Client: \_\_\_\_\_ Court Case #: \_\_\_\_\_  
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: \_\_\_\_\_

---

**I. BRIEF SUMMARY OF CASE (You may copy this summary from a previous ASR, but update the information as necessary to reflect any changes):**  
**Start Summary Here:**

**ANCILLARY SERVICES REQUEST FORM**  
**(PROBATE VERSION)**  
**OFFICE OF ASSIGNED COUNSEL**  
**COUNTY OF SAN DIEGO**  
Revised: November 15, 2017

**II. 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*:**

PLEASE SUBMIT THIS FORM **ELECTRONICALLY** VIA E-MAIL TO [OAC@SDCOUNTY.CA.GOV](mailto:OAC@SDCOUNTY.CA.GOV).