

**MOTION, ENTRY, AND CERTIFICATION FOR APPOINTED COUNSEL FEES**

**In the CLEVELAND MUNICIPAL COURT, CUYAHOGA COUNTY, OHIO**

City of Cleveland/State of Ohio

Case No. \_\_\_\_\_

Appellate Case No. (if app.) \_\_\_\_\_

v.

Defendant/Party Represented \_\_\_\_\_

Judge: \_\_\_\_\_

**MOTION FOR APPROVAL OF PAYMENT OF APPOINTED COUNSEL FEES AND EXPENSES**

The undersigned having been appointed counsel for the party represented moves this Court for an order approving payment of fees and expenses as indicated in the itemized statement herein. I certify that I have received no compensation in connection with providing representation in this case other than that described in this motion or which has been approved by the Court in a previous motion, nor have any fees and expenses in this motion been duplicated on any other motion. I, or an attorney under my supervision, have performed all legal services itemized in this motion.

Periodic Billing (*check if this is a periodic bill*)

As attorney of record, I was appointed on \_\_\_\_\_, \_\_\_\_\_. This case terminated and/or was disposed of on \_\_\_\_\_, \_\_\_\_\_. I am submitting this application on \_\_\_\_\_, \_\_\_\_\_.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_  
*No. and Street City State Zip* OSC Reg. No. \_\_\_\_\_

**SUMMARY OF CHARGES, HOURS, EXPENSES, AND BILLING**

OFFENSE/CHARGE/MATTER <small>List only the three most serious charges</small>	ORC/CITY CODE	DEGREE	DISPOSITION
1.)			
2.)			
3.)			

**Grand Total Hours and Expenses**

Flat Fee    Hrs:In \_\_\_\_\_ X Rate \_\_\_\_\_ = \$ \_\_\_\_\_  
 Min Fee      Hrs:Out \_\_\_\_\_ X Rate \_\_\_\_\_ = \$ \_\_\_\_\_

Travel Expenses            \$ \_\_\_\_\_  
 All Other Expenses        \$ \_\_\_\_\_  
 Counsel Fees                \$ \_\_\_\_\_  
 Grand Total                 \$ \_\_\_\_\_

**JUDGMENT ENTRY**

The Court finds that counsel performed the legal services set forth on the itemized statement on the reverse hereof, and that the fees and expenses set forth on this statement are reasonable, and are in accordance with the resolution of the Board of County Commissioners of Cuyahoga County, Ohio relating to payment of appointed counsel.

IT IS THEREFORE ORDERED that counsel fees and expenses be, and are hereby approved, in the amount of \$ \_\_\_\_\_. It is further ordered that the said amount be, and hereby is, certified by the Cleveland Municipal Court to the Cuyahoga County Chief Fiscal Officer for payment.

*Extraordinary fees granted (copy of journal entry attached)      Fees at or below cap have been reduced/denied (copy of journal entry attached)*

Judge \_\_\_\_\_  
*Signature Date*

**CERTIFICATION**

The County Chief Fiscal Officer, in executing this certification, attests to the accuracy of the figures contained herein. A subsequent audit by the Auditor of the State which reveals unallowable or excessive costs may result in future adjustments against reimbursement or repayment of audit exceptions to the Ohio Public Defender Commission.

County Number \_\_\_\_\_ Warrant Number \_\_\_\_\_ Warrant Date \_\_\_\_\_

Chief Fiscal Officer \_\_\_\_\_

