

ATTORNEY SUPPORT DIVISION REQUEST FOR FUNDING

CCP case number:

Attorney's name:

Date:

Client's name:

If this is a criminal case (adult or juvenile), please list all charges currently pending against your client:

This request is for () Social Worker () Research Attorney () Mentor () Paralegal

Please identify the service provider:

Please state the amount of funding, or additional funding, you seek in this request:

Hours Requested:

Hourly rate:

Paralegal: \$ 82.68

Social worker: \$ 93.71

Mentor: \$165.38

Researcher: \$159.86

Total Budget Requested:

Please state the amount of funding previously authorized for the person or vendor identified above:

Please describe the facts of the case. Do not exceed 250 words: Attach a separate sheet if necessary.

Please describe what you want the service provider to do and how it will assist you in representing your client.

If you have previously received a funding authorization for this person, please describe why the previous authorization is inadequate:

I declare under penalty of perjury that the foregoing is true and correct, and that this declaration is

EXECUTED on _____,

at _____ California.

Signed: _____