

Request for Professional Services Expenditures

By the Arkansas Public Defender Commission

(ALL fields are required)

Date: _____

Requesting Attorney: _____ District: _____

Required Info

Defendant Name: _____

Charges (include felony levels): _____

Case number: _____

County: _____ Judge: _____

IF ACTUAL OR POTENTIAL CO-DEFENDANT(S), LIST NAME, CASE NUMBER(S) AND COUNSEL:

Type Expenditure Requested:

_____ Investigator _____ Interpreter: Language _____
_____ Expert Witness _____ Appointed Attorney _____ Mitigation Specialist
_____ other, specify _____

Requested Payee:

Name _____ Address _____

Email _____ City, State, ZIP _____

***First time providers should reference the following link for hourly compensation ranges, expense reimbursement requirements and/or to complete required documents in order to receive payments from the State of Arkansas. www.apdc.myarkansas.net/forms/providers/index.html*

Next court date: _____

Cost estimate: _____

Why is this expenditure necessary?

Please include any available documentation supporting estimate.

Please fax this request form to 501-682-9073 or email it to Kari Thompson (kari.thompson@arkansas.gov) or Debra Bumpass (debra.bumpass@arkansas.gov)

Approved on _____ by _____