

**Request for Professional Services Expenditures**  
**By the Arkansas Public Defender Commission**

Date: \_\_\_\_\_  
Requesting Attorney: \_\_\_\_\_ District: \_\_\_\_\_  
Defendant Name: \_\_\_\_\_  
Charges (**include felony levels**): \_\_\_\_\_

Case number(s): \_\_\_\_\_  
County: \_\_\_\_\_ Judge: \_\_\_\_\_

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

Type of Expenditure Requested:  
\_\_\_\_\_ Investigator \_\_\_\_\_ Interpreter-Language: \_\_\_\_\_  
\_\_\_\_\_ Expert Witness \_\_\_\_\_ Appointed Attorney  
\_\_\_\_\_ Mitigation Specialist \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Requested Payee:  
Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

\*\*Firsttimeproviders 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.

**[Payment Expense & Reimbursement Guidelines](http://apdc.arkansasadmin.net/site/assets/files/1046/pymtexpensereimbguidelines.pdf)**  
<http://apdc.arkansasadmin.net/site/assets/files/1046/pymtexpensereimbguidelines.pdf>

Next court date: \_\_\_\_\_

Total Cost Estimate: \$ \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Number of Hours: \_\_\_\_\_

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 Robert Thompson  
([robert.o.thompson@arkansas.gov](mailto:robert.o.thompson@arkansas.gov))

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Approved on \_\_\_\_\_ by \_\_\_\_\_