

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: _____

Next court date: _____

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

Why is this expenditure necessary?

Please include any available documentation supporting estimate.

Please email this request to Robert Thompson (robert.o.thompson@arkansas.gov)

*For hourly compensation ranges and expense reimbursement requirements please contact us using the same email.

Approved on _____ Approved by _____