## ALL REQUESTS FOR EXPENSES MUST BE MADE IN WRITING AND APPROVED BEFORE THE EXPENSE IS INCURRED. ONLY THE AMOUNT APPROVED WILL BE PAID.



Investigation Expense Request & Authorization					
Attorney:	Client's Name:				
Case #	Class: PFN:				
All Relevant Pending Charges					

Facts of the case: (State all the facts needed to evaluate your request and understand the defense)

What is the defense this work will help develop? Explain how this work has the potential to develop admissible evidence that will support a legal defense and/or mitigation.

Name of Investigator \_\_\_\_\_\_ Total \$ Requested: \_\_\_\_\_\_

Please identify each investigative task (including witnesses to be interviewed/location/subpoena?; type of witness [e.g. alibi, eyewitness etc. and location]) and how many hours needed for each task. If requesting hours for reviewing discovery, specify the discovery and how many pages/minutes the investigator needs to review. Only put 1 task/witness per row:

Investigative Task(s)	# of Hrs. Requested	
TOTAL HOURS		

Rates: Investigative tasks \$86/hr.; Non-investigative tasks \$25/hr.; \$25/disc • CAAP will approve 1 hour for your investigator to review 50 pages of discovery. If more is needed, explain. • If this request asks for work that has previously been approved, you must explain why you need more funds. • Include a copy of the investigator's invoice(s) if you have previously requested investigation funds.

## ATTORNEY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

Authorization #	(For CAAP Use Only) Total # Authorized:			
Investigation: Remarks:	hrs. @ \$86/hr	hrs. @ \$25/hr	disc @ \$25/disc	
Date:	Authorized	Signature:		