

Name: _____ **P#** _____

Address: _____

Office Phone: _____ **Cell Phone:** _____

Fax Number: _____ **SS or Tax ID:** _____

Email Address: _____

Requesting assignments on the following cases:

Felonies: _____

Special Assignments: _____

Date available for assignments: _____

I understand that vouchers for payment must be submitted no later than 60 days from the date that services were last provided, and that current address, phone, fax and email must be on file with the Defender Office. I also understand I must comply with CLE Requirements to remain eligible to accept assignments.

Failure to comply with the above or any other requirement of the Defender Program may result in my removal from the Defender Program list.

Signature

Date