

ATTORNEY REQUEST FOR INVESTIGATOR SERVICES

REGIONAL MANAGED ASSIGNED COUNSEL OFFICE

Client/Defendant _____ DOB _____ In Custody On Bond
Attorney for Defendant _____ District Court _____
Phone _____ Email _____ Appointed Retained
Date of Appointment _____ Indigency Ordered Not screened for Indigency

CASE INFORMATION

District Court Case Number _____
Charges _____
Current Stage of Proceedings: Bond Hearing Evidentiary Hearing Competency Hearing
 Trial Sentencing Other _____ Post Conviction
Hearing Date _____ Judge _____

SERVICES REQUESTED

Initial Request Supplemental Request (specify) _____

Detailed explanation of why the services are necessary (confidential between Attorney and Regional MAC Office Administrator), attach additional pages if needed: _____

Requested Investigator: _____

Michigan PI License Number: _____ Currently on 3rd Circuit roster YES NO***

***NOTE: PI License, Insurance, Bond, and WCS Criminal History Record Request forms MUST BE ATTACHED if Investigator is not currently on the 3rd Circuit roster. If the investigator is not currently a vendor, or is unsure of status, contact the Regional Office at 3131-943-3331 or Regional-INV-EXP@dearborn.gov (email preferred).

Proposed Service and Time (in hours, use ¼ hour increments):

Service	Proposed Time (in hours)
Client Interview/Consultation with Attorney	
Scene Investigation/Neighborhood canvass	
Discovery/record review/analysis	
Tracking and Location Services	
Witness Interviews/Subpoena Service	

Travel	
TOTAL PROPOSED HOURS	

The investigator should submit a proposal of services to the Attorney. A lack of specificity in this form may result in the request being denied and returned for additional information.

The initial request shall not exceed Ten (10) hours at the applicable rate of \$75.00 per hour. Subsequent requests for Investigator Services or expenses must be requested using a new form.

The Attorney shall deliver a copy of this form to the Investigator, AFTER it has been Approved by the Administrator, and BEFORE any investigative service begins.

Payment is limited to the amount approved by the Administrator, based on completion of the Investigator Request for Payment form.

TOTAL PROPOSED FEES

Applicable rate of pay: \$75.00/hr x _____ hours = \$ _____

ATTORNEY DECLARATION

Attorney declares that the requested services are reasonably necessary to prepare a defense, understand or rebut the prosecution's case, or prepare for plea negotiations or sentencing.

Attorney Signature & P-number

Date of request: _____

TO BE COMPLETED BY REGIONAL MAC OFFICE

Request for Investigator Services in Case Number: _____

APPROVED

_____ Hours \$ _____

DENIED

By: _____

Date _____

Contact Regional Managed Assigned Counsel Office

By Phone: 313-943-3331

By Email: Regional-INV-EXP@dearborn.gov at any time, 24/7

(Administrator will make every effort to respond within one day)

