

OAKLAND COUNTY INDIGENT DEFENSE SERVICES OFFICE

REQUEST FOR APPOINTMENT OF INVESTIGATOR

Defendant Information

Defendant's Name: _____

List ALL Charges: _____

Brief description of allegations:

Court Information

Circuit Court Case #: _____ District Court Case #: _____

Circuit Judge: _____ District Court and Judge: _____

Next Event Type: _____ Next Event Date and Time: _____

Attorney Information

Attorney Name: _____ Attorney P-Number: _____

Attorney Phone: _____ Attorney Email: _____

Investigator Information

Investigator's Name: _____ Investigator's Website: _____

Investigator's Phone: _____ Investigator's Email: _____

Is the Investigator licensed in Michigan as a Professional Investigator? If yes, give license number. If no, please indicate any other applicable licenses and any prior experience as an Investigator. **(Please attach the Investigator's C.V. to this request if one exists).**

Investigator's hourly rate: _____

(Refer to MIDC grant manual if there are questions about approved hourly rates):

<https://michiganidc.gov/grants/>

Number of hours Investigator will be needed: _____

Total amount of money requested: _____

How do you intend to use this Investigator in this case? (List all anticipated services, how those services will help your defense, and why you believe it would be fundamentally unfair if this request was denied)

(Attach more pages if necessary)

BY SIGNING THIS REQUEST, THE ATTORNEY IS CERTIFYING THAT THEY ARE APPOINTED TO REPRESENT THE NAMED DEFENDANT AND THAT ALL INFORMATION ABOVE IS TRUE AND ACCURATE.

Attorney Signature

Date

Date Transmitted to Indigent Defense Services Office: _____

Send this form electronically to BOTH of the following email addresses. You may also hand-deliver this form to our office if you choose to do so.

idso@oakgov.com

mennap@oakgov.com

INDIGENT DEFENSE SERVICES OFFICE REVIEW

Review Decision:

_____ Approved as Requested	Amount Approved: _____
_____ Approved with Modifications	Amount Approved: _____
_____ Denied	

Reasons for Modification or Denial:

(Attach more pages if necessary)

Chief Attorney – Indigent Defense Services Office

Date

Date Transmitted to Defendant's attorney: _____

Transmission method: Email _____ Fax _____ U.S. Mail _____

IF YOUR REQUEST WAS DENIED OR APPROVED WITH MODIFICATIONS, YOU MAY APPEAL THE DECISION OF THE CHIEF ATTORNEY TO THE CRIMINAL ASSIGNMENT COMMITTEE. YOU MUST FILE A WRITTEN REQUEST TO APPEAL WITH THE CHIEF ATTORNEY. THE CRIMINAL ASSIGNMENT COMMITTEE WILL SCHEDULE A MEETING TO HEAR YOUR APPEAL WITHIN 10 DAYS AFTER RECEIVING YOUR WRITTEN APPEAL REQUEST.