

Summit County Fiscal Office Assigned Counsel Summary Report

Case Information

In the court of

<input type="checkbox"/> Common Pleas (ATC)	<input type="checkbox"/> Juvenile (ATJ)	<input type="checkbox"/> Domestic (ATD)
<input type="checkbox"/> Municipal (ATM)	<input type="checkbox"/> Appeals (ATA)	<input type="checkbox"/> Supreme (ATS)

The court payment is for the following type of case (select one relating to top offense):

<input type="checkbox"/> Capital Attorney Certification (CAP)	<input type="checkbox"/> Juvenile New Charge (JNC)
<input type="checkbox"/> Capital Expert Certification (CAP)	<input type="checkbox"/> Juvenile Violation Proceeding (JVP)
<input type="checkbox"/> Capital Transcript Certification (CAP)	<input type="checkbox"/> Abuse, Dependency, or Neglect (JADN)
<input type="checkbox"/> Capital Investigator Certification (CAP)	<input type="checkbox"/> Guardian ad Litem (JGAL)
<input type="checkbox"/> Capital Other Certification (CAP)	<input type="checkbox"/> Juvenile Other Offenses (JOO)
<input type="checkbox"/> Felony New Charge (FNC)	<input type="checkbox"/> Non Capital Appeals
<input type="checkbox"/> Felony Revocation/Violation (FRV)	<input type="checkbox"/> Non Capital Supreme
<input type="checkbox"/> Felony Preliminary Hearing (FPH)	<input type="checkbox"/> Domestic Contempt (DC)
<input type="checkbox"/> Felony Other Cases or Proceedings (FOC)	<input type="checkbox"/> Non Capital Other Certifications (NCO)

Attorney Certification

Assigned Counsel Name: _____ Vendor Number: _____

Defendant Name: _____ Case Number: _____

I the assigned counsel certify the contained information to be accurate to the best of my knowledge:

Assigned Counsel Signature

Date

Fiscal Office Certification

COUNSEL FEES	TRAVEL EXPENSE	OTHER EXPENSE
Index _____	Index _____	Index _____
Activity _____	Activity _____	Activity _____
Location _____	Location _____	Location _____
Amount _____	Amount _____	Amount _____

Preaudited By _____

Keypunched by _____

Date _____