

Summit County Fiscal Office Assigned Counsel Summary Report

Attorney Certification

Assigned Counsel Name: _____ Vendor Number: _____

Disposed of Date: _____ Case Number: _____

Defendant Name: _____

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

Assigned Counsel Signature

Date

Case Information

The defendant was in the following court and the top charge was:

(Select ONLY ONE COURT with ONE TYPE relating to the top offense. If you mark other explain):

<input type="checkbox"/> Common Pleas Ct (ATC) <input type="checkbox"/> Felony New Charge Non-Capital (FNC) <input type="checkbox"/> Felony Revocation/CCV (FRV) <input type="checkbox"/> Felony Preliminary Hearing in Muni (FPH) <input type="checkbox"/> Felony Other Cases or Proceedings (FOC) <input type="checkbox"/> Capital Attorney Certification (CAP) <input type="checkbox"/> Capital Other Certification (CAP)	<input type="checkbox"/> Juvenile Ct (ATJ) <input type="checkbox"/> New Charge Delq (JNC) <input type="checkbox"/> Violation Proceeding (JVP) * <input type="checkbox"/> Abuse, Dependency, or Neglect (JADN) <input type="checkbox"/> Guardian ad Litem (JGAL) <input type="checkbox"/> Juvenile Other Offenses (JOC)
<input type="checkbox"/> Municipal Ct (ATM) <input type="checkbox"/> New Charge-Traffic (MNCT) <input type="checkbox"/> New Charge-Non-Traffic (MNCN) <input type="checkbox"/> Revocation/CCV (MRV) <input type="checkbox"/> Misdemeanor Other Certifications (MOC)	<input type="checkbox"/> Supreme (ATS) <input type="checkbox"/> Non Capital (NCO) <input type="checkbox"/> Capital (CAP)
<input type="checkbox"/> Domestic (ATD) <input type="checkbox"/> Domestic Contempt (DC) <input type="checkbox"/> Juvenile Proceeding-Legal Custody (DLC) <input type="checkbox"/> Domestic Other Offenses (DOC)	<input type="checkbox"/> Appeals (ATA) <input type="checkbox"/> Non Capital (AOC) <input type="checkbox"/> Capital (CAP)
	<input type="checkbox"/> HOPE COURT (ATC HOPE) <input type="checkbox"/> OTHER

* Refers to violations of court order, supervised release and CCV

Fiscal Office Certification

COUNSEL FEES	TRAVEL EXPENSE	OTHER EXPENSE
Index _____	Index _____	Index _____
Activity _____	Activity _____	Activity _____
Location _____	Amount _____	Amount _____
Amount _____	Disposed of Date _____	
Preaudited _____	Keypunched _____	Date _____ Total _____