

Broome County Assigned Counsel Program

Attorney Request for Investigative Resources or other Non-Attorney Professional Services (NAPS)

| Client Name: | |
|---|--|
| Charges/Jurisdiction: | |
| Indictment # or Docket #: | |
| I hereby submit this re in detail the nature of your re | equest for the following investigative resources/NAPS: [Explain request) |
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| 2. Anticipated Number of | of Hours: |
| | is is an \square initial request \square supplemental request following extraordinary circumstances exist which require investigativeservices in excess of \$1,000]: |
| 4. Investigator Preference | ee: [List up to three; final assignment will be made by the Assigned Counsel Program] |
| | Print Name: |
| | Sign Name: |
| | Date: |