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|  | Law Offices of the Public Defender  Bennett J. Baur, Chief Public Defender |

**LITIGATION SERVICE REQUEST (LSR) FORM**

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| **Origin of Request:** **LOPD In-House** **Contract Counsel Emergency** | | | | | | | | | | | | | |
| **Attorney and Case Information** | | | | | | | | | | | | | |
| **Attorney Name:** | | | | **Attorney OR Point of Contact Email:** | | | | | | | | | |
| **Judicial District:** | | | | **County:** | | | | | | | | | |
| **Client Name:** | | | | **Case Number:** | | | | | | | | | |
| **Criminal Charges(s):** | | | | | | | | | | | | | |
| **Stage of Case: Pre-Indictment Pre-Trial Trial Post Trial** | | | | | | | | | | | | | |
| **Litigation Contractor and Service Information** | | | | | | | | | | | | | |
| **Name/DBA:** **Miles Immigration Law, PLLC** | | | | | | **Phone: (*915)308-7001*** | | | | **Expert Conflict Check Completed** | | | |
| **Street/PO Box:** ***1219 E. Missouri*** | | | | **City: *El Paso*** | | | | | **State: *TX*** | | **Zip: *79902-*** | | |
| **Email address: *jessie@milesimmigrationlaw.com*** | | | | | | | | | | | | | |
| **Expert Type :** ***Immigration consequences of criminal conviction/plea*** | | | | | **Hearing/Deadline Date/:** | | | | | | | | |
| **Request # for this Expert on this Case: 1st 2nd 3rd 4th 5th** | | | | | | | | | | | | | |
| **Work conducted under previously approved LSR:** | | | | | | | | | | | | | |
| **Work to be conducted:** | | | | | | | | | | | | | |
| **If this is an Emergency request, state the nature of the Emergency and include pertinent dates. LSRs without this portion filled out will not be expedited:** | | | | | | | | | | | | | |
| **Amount Requesting**  **(please check and complete all applicable fields)** | | | | | | | | | | | | | |
|  | **Rate Type** | | **Amount/Unit** | | | | **X** | **# of Units** | | | | **=** | ***Total*** |
|  | **Hourly Rate** | | **$** 150.00 | | | | **X** | # of Hours: *2* | | | | **=** | *$**300* |
|  | **Travel Time Rate (1/2 of Hourly)** | | **$** | | | | **X** | # of Hours: | | | | **=** | *$* |
|  | **Flat Rate** | | **$** | | | | **X** | Hours: | | | | **=** | *$* |
|  | **Rate per Page** | | **$** | | | | **X** | # of Pages: | | | | **=** | *$* |
|  | **Expenses (include itemized receipts)** | | **$** | | | |  |  | | | | **=** | *$* |
| \*Please note what expenses are being requested: | | | | | | | | | | | | | |
|  | **Mileage** | **$ 0.32** | | | | | X | # of Miles: | | | | = | $ |
|  | **Per Diem @ $85** | **$ 85.00** | | | | | X | # of Nights: | | | | = | $ |
| **Grand Total (DO NOT INCLUDE Gross Receipts Tax):** | | | | | | | | | | | | | $300 |

**NOTE: If Expert is needed to testify, attorney must submit a separate request for testimony.**

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| **Rep. Attorney (*Required Signature*)** |  | **Approval Date** |  | **DD, Man Attorney or CCLS (*Required Signature*)** | **Approval Date** |

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| **Fiscal (*Required Signature*)** |  | **Approval Date** |  | **ASD Dir./Dept. Counsel (>$1,000 *Required Signature*)** | **Approval Date** |

**Instructions**

1. Complete all fields under Attorney and Case Information, Litigation Contractor and Service Information, and Amount Requesting (applicable fields) and obtain signature of Managing Attorney, District Defender, or CCLS Director (if CCLS attorney).
2. Notify the contractor that **Fiscal approval is required for all LSR requests**, including amendments, before commencing services. Once funds have been exhausted from one LSR, a new one must be submitted and approved before work may continue.
3. Place the LSR, with appropriate signatures in the Litigation Services Y drive for processing. Fiscal will review the request for budget availability, rate amounts and contract status. Note that requests over $1,000 will take more time to process as they require the Administrative Services Director approval, which Fiscal will obtain.
4. An approved contract/LSR will be sent to the attorney/POC and contractor. Allow a 6-day turnaround (10 additional days for vendors without a multi-year contract and up to 6 weeks for new vendor). Emergency requests that need a faster turnaround will require approval by LOPD Fiscal/ASD Director. Form must be checked EMERGENCY and labeled as such in the y:drive.

**THIS IS NOT A CONTRACT! DO NOT ASK THE CONTRACTOR TO PROVIDE SERVICES WITHOUT A FULLY EXECUTED**

**LSC OR LSR SIGNED BY FISCAL, AS INVOICES WILL NOT BE PAID.**