

**Committee for Public Counsel Services Innocence Program
Request for Funds**

In its discretion the Committee for Public Counsel Services Innocence Program may provide funding for Innocence Program cases for forensic testing, expert witness fees, and investigative services. **All funding requests must be approved in advance of the incursion of any expenses.**

The Innocence Program is bound by the qualification standards and payment rates established by the Committee for Public Counsel Services, published as "CPCS Qualifications and Rates for Investigators, Social Service Providers and Expert Witnesses," adopted in June, 2002, revised in December, 2005, June, 2007, August 2008, October 2008 and December 2008, and reproduced on the CPCS website at http://www.publiccounsel.net/billing_information/expert_qualifications_and_rates/pdf/ExpertQualificationsandRates.pdf

As a general rule counsel should move for necessary funds in the trial court before requesting funding from the Innocence Program. If counsel reasonably believes that it would be detrimental to the defendant's case to move for funding in the trial court, then counsel may request funding from the Innocence Program in the first instance.

Please complete the CPCS Innocence Program Funds Application and return it to Lisa M. Kavanaugh, CPCS Innocence Program, 44 Bromfield Street, Boston, Massachusetts, 02108. An executed copy of any approved Funds Application will be returned to counsel.

CPCS INNOCENCE PROGRAM FUNDS APPLICATION

Case Name: _____

Case No.: _____

Counsel: _____

1. Purposes (e.g. Arson expert to review case; DNA testing - Name items to be tested; Investigator to interview named Witness, etc.)

2. Proposed Provider (Name & Address of Expert, Investigator, Lab)

3. Provider Rate of Charge (May not exceed CPCS Rates)

4. Estimate the Number of Hours of Services Needed, or if a flat rate is sought, the basis for the flat rate (e.g. the lab charges "x" per sample for DNA analysis and we need "y" number of samples tested.

5. Basis for Estimate of Hours (Must be based upon prior consultation with expert or investigator).

6. Were Funds Sought from Trial Court?

___ Yes. Please include Denial of Motion for Funds with this application.

___ No. Please Explain Why Not.

FUNDS APPROVED

Defendant: _____

Provider: _____

Hourly Rate: _____

Hours Approved: _____

NOTE: DO NOT EXCEED HOURS APPROVED BEFORE SUBSEQUENT
AUTHORIZATION

Lisa M. Kavanaugh, Program Director

Date

Submit bill, along with a copy of this Approval to:

REGINA DEMBOWSKI, Director Private Counsel Payment Unit
Committee for Public Counsel Services
44 Bromfield Street
Boston, MA 02108

MARK ENVELOPE "PERSONAL."