

**REQUEST FOR EXTRAORDINARY PAYMENT OF ATTORNEY FEES**ND COMMISSION ON LEGAL COUNSEL FOR INDIGENTS  
SFN 59359 (2/2014)NDCLCI  
Po Box 149  
Valley City, ND 58072  
Phone: (701)845-8632  
Fax: (701)845-8633  
Email: clcivc@nd.gov

Name of attorney making request:		Date:
Mailing address:	City, State, ZIP Code:	
Phone number:	Email address:	

Defendant/Respondent name		County:
Case number:	Offense:	Severity:
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I do herein request that I be authorized to receive payment in this matter for extraordinary attorney fees in excess of an amount permitted under the Commission's Policy on Payment of Extraordinary Attorney Fees. I expect that this matter will require attorney fees in the total amount of \$\_\_\_\_\_ (\_\_\_\_ hours, total).

Set forth reasons why attorney fees in an amount in excess of that permitted under the Policy on Payment of Extraordinary Attorney Fees is required in this case assignment:

\_\_\_\_\_ Requesting attorney signature

\_\_\_\_\_ Date

Request is  Granted  Denied

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Lead Counsel/Commission Personnel)

Faxed or mailed to \_\_\_\_\_ Date \_\_\_\_\_