



Washington State Office of Public Defense
Parents Representation Program – Extraordinary Compensation Form

Firm Name: _____ Attorney Name: _____ County: _____

Reasons for Extraordinary Compensation:

- ☐ Cases creating an unusual financial hardship on the attorney beyond the expected cost and/or requirements of representation, due to case and/or client needs and/or working collaboratively with stakeholders
- ☐ Contested fact findings (Dependency, Guardianship or TPR) and shelter care or review hearings requiring more than three full court days
- ☐ The attorney's actual, open, active caseload was high as compared to the contract caseload, which has resulted in significant additional work hours.
- ☐ Other extraordinary casework not designated above.

Please provide a brief narrative why this case merits extraordinary compensation. Attach additional pages if need.

Please indicate the number of hours and the length of time, e.g. 90 hours in 2 months

Hours: _____ Date Period: _____

For this case, have you received extraordinary compensation before? ____ Yes ____ No

I declare under enalty of perjury under the laws of the state of Washington that the foregoing is true and correct:

Signature

Date

Location

FOR OPD USE ONLY

CSV: _____ Amount: _____ SWV: _____ MI: _____ County: _____ SO: _____ SSO: _____