ATTORNEY TRAVEL TIME REQUEST – OAKLAND COUNTY INDIGENT DEFENSE SERVICES

There are two situations where appointed attorneys may seek reimbursement for their travel time:

1. The attorney is driving to visit a client who is not in local custody (i.e., not in the Oakland County Jail).

2. The attorney is personally driving a client to or from a court proceeding, in extraordinary circumstances where there are no other transportation options available and the client is likely to receive a bench warrant if they fail to appear.[1]

Attorneys may also be reimbursed for purchasing rideshare (Uber/Lyft), cab, or bus fare for a client in extraordinary circumstances. Generally, a blanket statement that "the client didn't have a ride to court" is not enough to justify this reimbursement without more details about the client's means and support network.

Please fill out this form if you are seeking reimbursement under any of the circumstances described above. Upload this form with your case voucher. **DO NOT INCLUDE** any time on your case voucher that is covered by this form. (i.e., if you were driving to visit a client who was not in local custody, you would itemize the visit time on your itemization and put the driving time on this form).

SUBMISSION OF THIS FORM IS NOT A GUARANTEE OF REIMBURSEMENT. ESPECIALLY IF YOU ARE SEEKING REIMBURSEMENT FOR AN AMOUNT IN EXCESS OF $100 THAT WAS NOT PRE-APPROVED BY THE IDSO.

Case Name and Number

Appointment ID

Attorney Name and P-Number

The undersigned attorney certifies that the following reimbursable services were provided on the above-captioned appointed case (You must also fill out the explanation box on the next page):

☐ 1. Client Visit

☐ 2. Client Transport

☐ 3. Transportation Purchase

[1] The IDSO discourages this practice, and under no circumstance will Oakland County be responsible for any expenses of any kind related to accident or injury.

Please provide a detailed description of why the service provided was necessary in this case. As stated above, there must be extenuating circumstances more than simply "the client didn't have a ride to court."

If you checked boxes 1 or 2, please indicate the specific start and end times, the addresses for the starting and ending points, the total miles driven, and the total number of minutes for the travel. If you checked box 3, please indicate the total amount of reimbursement you are seeking, and attach receipt(s) for your purchase.

_____ _____

Attorney Signature Date

FOR IDSO USE:

Approved for payment in the amount of:

Account String:

☐ If Box 1 checked (Travel):
SC732018 FND20260 CCN1010702 PRG121170 GRN-1004882

☐ If Box 2 or 3 checked (Supportive Services):
SC731885 FND20260 CCN1010702 PRG121170 GRN-1004882

Initials: