

OAKLAND COUNTY IDSO 2ND CHAIR REQUEST

Defendant's Name:

Case Number:

Principal Charge:

Stage of Proceeding:

Name and P-Number of 1st Chair Attorney:

Name and P-Number of proposed 2nd Chair Attorney:

Please provide details about why a 2nd Chair is warranted in this case:

Both attorneys **must** sign this form or it will not be considered. A digital signature is acceptable. By signing, you are certifying that you have read and understood the [Second Chair Program Guidelines](#) on the IDSO's website.

1st Chair

Proposed 2nd Chair

The request is ☐ Approved ☐ Denied

If approved, the hourly rate for the 2nd chair is:

The 2nd chair's appointment ID is:

Chief Attorney, IDSO