

**CONFIDENTIAL**

**REQUEST FOR PRE-AUTHORIZATION OF CASE SUPPORT SERVICES(ORS 135.055(3))  
INVESTIGATION SHORT FORM**

Retained ☐ Appointed ☐

County: \_\_\_\_\_ Case Type: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Client's First Name: \_\_\_\_\_ Client's Last Name: \_\_\_\_\_  
Attorney Name: \_\_\_\_\_ Bar #: \_\_\_\_\_ Email: \_\_\_\_\_  
Provider's Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Provider's City: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of hours requested: \_\_\_\_\_ \*

\*If additional hours are needed, please use the long form and include a letter of justification.

Rate requested: \_\_\_\_\_ \*†

\*If increased rate is needed, please use the long form and include a letter of justification.

†If you have selected the rate of \$60, please check this box as confirmation you have requested a bilingual investigator. ☐

Number of miles requested: **150\***

**\*This is only an estimate. Actual mileage will be reimbursed for private vehicle use for in-state travel and up to 60 miles outside the Oregon state line.**

Is this the first request for investigation on this case? Yes No\*

\*If the answer is no, please use the long form and include a letter of justification.

I am the attorney representing the client named on this form. I have reviewed and approve this submission.

\_\_\_\_\_  
Signature of Attorney\*

\_\_\_\_\_  
Submission Date

\_\_\_\_\_  
Effective Date\*\*

**\*Electronic signature is valid. There is no need to print and sign this document.**

**\*\*If effective date is different from submission date, please use the long form and include a letter of justification.**

**\*\*PLEASE NOTE: Services/expenses prior to the effective date will not be paid.**

**DISCLAIMER: Use of this form is an exception to Section 3.6.7 of the Public Defense Payment Policy and Procedures.**

[Click here to email this request to OPDS.](#)