Washington State
Office of Public Defense

Mid-Year Extraordinary Compensation Affidavit

COA No.: _____

CASE TITLE: _____

FIRM NAME: _____

ATTORNEY: _____

FOR OPD USE ONLY

Was your expense pre-approved? ☐Yes ☐No

REASON FOR EXTRAORDINARY COMPENSATION REQUEST:

☐ Extraordinary travel expense

☐ Extraordinary copying/mailing costs

☐ Extraordinary interpreter/translator costs

☐ Other

Please provide a brief narrative explaining the extraordinary expense and why it was necessary for this case:

TOTAL EXTRAORDINARY EXPENSE INCURRED: $ _____

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

_____ _____ _____
Signature Date Location

Return form to:

Attn.: Missy Young
Washington State Office of Public Defense
PO Box 40957
Olympia, WA 98504-0957