



WASHINGTON STATE
OFFICE OF PUBLIC DEFENSE
Appellate Program

**Indigent Defense Fund
Cost Summary Request**

Use this form to request a summary of the amount paid by the Washington State Office of Public Defense on a case as outlined in [RAP 14.3](#).

TO BE COMPLETED BY REQUESTOR

Request Date: _____ Due Date: _____
 Case Name: _____ COA No.: _____
 Superior Court No.: _____ County: _____
 Requestor Name: _____
 Phone No.: _____ Email Address: _____

Email the completed request form to: Michele.young@opd.wa.gov

TO BE COMPLETED BY OPD ACCOUNTING DIVISION

Amount Paid to Date

Counsel Fees: _____
 VRP: _____
 VRP copy [\(RAP 10.10\(e\)\)](#): _____
 Clerk's Papers: _____
 Brief Copies: _____
TOTAL: _____

If this box is checked either no invoice or only a partial invoice has been received and additional expenses may be incurred.

For cases consolidated with one or more co-defendants, the amount provided here reflects an even distribution of the total cost with the exception of counsel fees.

Signature of OPD Staff Date

QUESTIONS

Michele Young, Fiscal and Budget Manager
 Washington State Office of Public Defense
 P.O. Box 40957
 Olympia, WA 98504-0957
 (360) 586-3164 ext. 101
michele.young@opd.wa.gov