

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF PIERCE**

THE STATE OF WASHINGTON,

Plaintiff,

vs.

Defendant.

NO.

**AUTHORIZATON FOR PROFESSIONAL
SERVICES**

- I. REQUESTING ATTORNEY: _____
- II. SPECIFIC SERVICE(S) REQUESTED:
- A. Service Provider: _____
- B. Services Requested: _____
- C. Amount Requested and suggested Terms: _____
- III. REASON(S) SERVICES ARE NECESSARY (Attach additional or separate sheet if necessary):

AUTHORIZATION: The DAC hereby authorizes payment for services as follows:

- A. **Service Provider:** _____
- B. **Services Authorized:** _____
- C. **Terms and conditions of payment:** _____
- [] Hourly rate of \$ _____
- [] Maximum amount paid will not exceed \$ _____
without written authorization.
- [] Fixed fee of \$ _____
- [] See attached conditions and specifications required by requesting attorney which
are incorporated by reference herein as part of this agreement and authorization.
- [] Other: _____

NOTE: Payment will be made only upon receipt of an itemized and signed request for payment accompanied by a copy of this authorization.

Dated this _____ day of _____, 20_____.

MICHAEL KAWAMURA, Director
Pierce County Department of Assigned Counsel
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Tacoma, Washington 98402
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