



First Judicial District of Pennsylvania
Guaranteed Fee System
Request for Investigator Fees
Beyond Guaranteed Initial Fee (GIF)

		INVOICE NO.	
1. ATTORNEY NAME (Last, First, Middle Initial)		1. (a) ATTORNEY ADDRESS	
1 (b) ATTORNEY I.D. NO.		PHONE NUMBER:	
		2. AMOUNT (This request in addition to GIF [Homicide - \$300. Other - \$100]). See 2 (a) below. <div style="text-align: center; font-size: 2em;">\$</div>	
2. (a) JUSTIFICATION - Brief statement of reason for this request (must be completed for approval)			
3. DEFENDANT NAME (Last, First, Middle Initial)		3. (a) PP#	
		3. (b) PRIOR REQUESTS (Check boxes, enter amounts)	
		1. GIF	2.
		3.	4.
3. (c) BILL AND TERM OR DOCKET NUMBER AND MAJOR CHARGE			
4. INVESTIGATOR NAME (Last, First, Middle Initial)		4. (a) INVESTIGATOR ADDRESS AND PHONE NUMBER	
3. (b) LICENSE NO.		4. (c) INVESTIGATOR SIGNATURE	

An attorney's signature below will serve as affirmation of the need for investigatory services and that counsel will ensure that the investigator retained will perform their duties satisfactorily. Compensation for mileage and costs, where requested, will demand attorney certification and cost receipts.

5. ATTORNEY SIGNATURE	DATE
6. Approved above the GIF in the amount of \$ _____ Total approved including the GIF: \$ _____	
Date	J.