**Board of County Commissioners Application for**

**Extraordinary Litigation Funds**

Pursuant to [Idaho Code §19-850(2)(e)](https://legislature.idaho.gov/statutesrules/idstat/Title19/T19CH8/SECT19-850/), [IDAPA 61.01.04.020.06](https://adminrules.idaho.gov/rules/current/61/610104.pdf) and [PDC ELF Policy 600](https://pdc.idaho.gov/wp-content/uploads/2021/08/600-ELF-PolicyAPPROVED20210819.pdf)

**This application is confidential and exempt from public records requests pursuant to Idaho Code §74-105(18)(b).**

## **General Information**

Is the State legally entitled to seek the death penalty in the case for which you are seeking ELF funds?

Yes**\*** No **\*Capital cases are not eligible for ELF funds.** [Idaho Code 19-850(2)(e)](https://legislature.idaho.gov/statutesrules/idstat/Title19/T19CH8/SECT19-850/)

Were the services rendered within the same state fiscal year (between July 1 of the previous calendar year and June 30 of the current calendar year)

Yes No**\*** **\*Services in a different state fiscal year are not eligible.** [PDC ELF Policy 600](https://pdc.idaho.gov/wp-content/uploads/2021/08/600-ELF-PolicyAPPROVED20210819.pdf)

|  |  |
| --- | --- |
| County |  |
| Contact person  (Name of person completing this application) |  |
| Contact phone |  |
| Contact email |  |

**Requested Costs**

Enter the litigation services and costs for which the County is seeking reimbursement from ELF funds. Specify each litigation cost type separately and **attach the invoices and receipts showing payment**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost type (expert, investigator, etc.)** | **Description of services** | **Cost** | **Date cost incurred** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Costs:** | |  |  |

## **Reasons for the Request**

|  |  |
| --- | --- |
| Case number & charges: |  |
| Number of Defendants: |  |
| Defending Attorney(s) who handled case: |  |
| Brief general overview of the case (Please do not provide confidential information): |  |
| Current stage of the case (arraignment, pre-trial, post-conviction, closed, etc.): |  |
| Describe why the requested litigation costs are extraordinary litigation costs. See [IDAPA 61.01.04.020.06](https://adminrules.idaho.gov/rules/current/61/610104.pdf) and the [PDC ELF Policy 600](https://pdc.idaho.gov/wp-content/uploads/2021/08/600-ELF-PolicyAPPROVED20210819.pdf): |  |

## **Additional Eligibility Requirements**

## County and PDC Financial Assistance Funding

Enter information regarding the status of County indigent defense funds and PDC financial assistance funds for the County’s current fiscal year.

|  |  |  |
| --- | --- | --- |
| Funding source | Amount budgeted | Amount remaining |
| County only funds for indigent defense |  |  |
| PDC financial assistance |  |  |
| Are County funds available to pay all or part of the requested litigation costs? Yes No  If no, describe why funds are not available: | |  |

|  |
| --- |
| Are the requested litigation costs a financial hardship on the County?  Yes No  If yes, describe why the requested litigation costs are a financial hardship. |
|  |

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| --- |
| Is the County in compliance with PDC Rules? See <https://adminrules.idaho.gov/rules/current/61/index.html>  Yes No  If no, describe why the County is not in compliance. |
|  |

I certify that all information provided in this form and any other information provided in support thereof is true and accurate. This certification or declaration is made pursuant to IDAHO CODE § 9-1406.

**Submitted** this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, .

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | day |  |  | month |  | year |

# X

|  |  |
| --- | --- |
| Printed Name: |  |
| Title: | County Clerk |

**Board of County Commissioners Attestation and Signatures**

I certify that all information provided in this form and any other information provided in support thereof is true and accurate. This certification or declaration is made pursuant to IDAHO CODE § 9-1406.

|  |
| --- |
|  |
| District 1 Commissioner – Print Name |
|  |
| Signature |
|  |
| Date |
|  |
|  |
| District 2 Commissioner – Print Name |
|  |
| Signature |
|  |
| Date |
|  |
|  |
| District 3 Commissioner – Print Name |
|  |
| Signature |
|  |
| Date |

**\*The signature of at least a majority of the Commissioners**