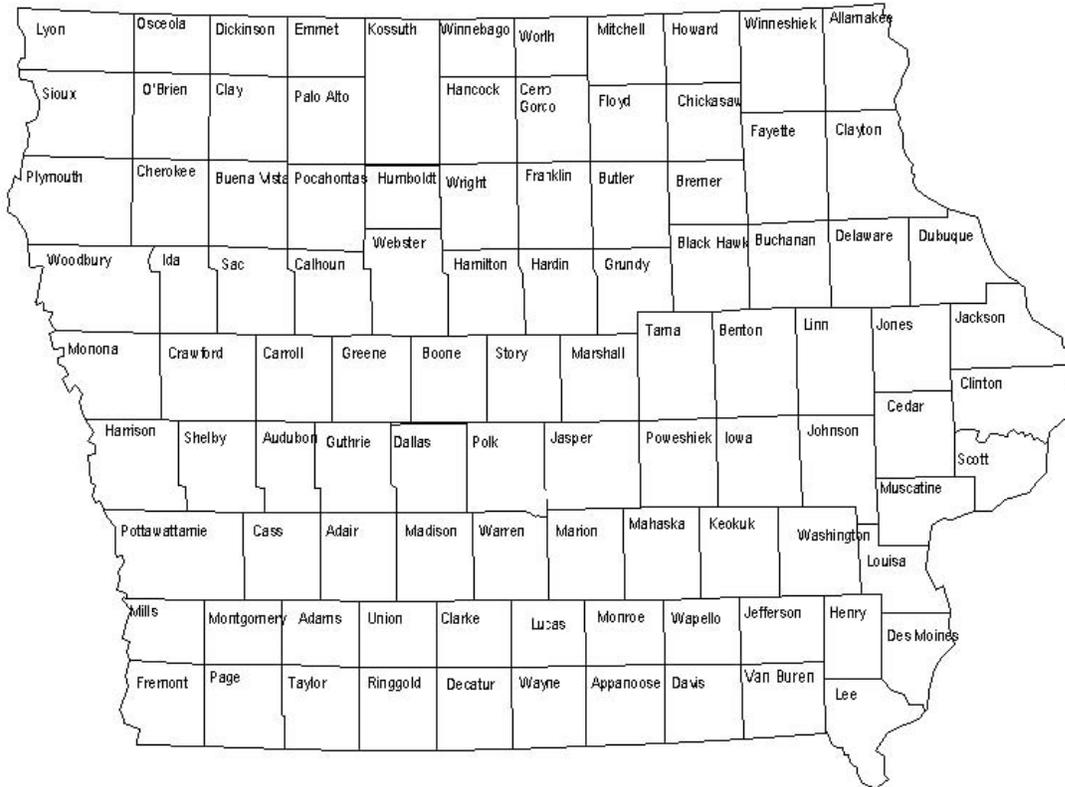


INDIGENT DEFENSE CONTRACT ACCEPTANCE AND APPROVAL

I hereby accept the terms and conditions of Legal Services Contract Indigent Defense Casework 493-14 and provide the following information in support thereof.

For Office Use Only

1. NAME:										2. START DATE:									
3. SOCIAL SECURITY NUMBER:										4. END DATE:									
5. ADDRESS:																			
6. CITY:										7. STATE:					8. ZIP:				
9. PHONE NUMBER (INCLUDE AREA CODE)										10. FAX NUMBER (INCLUDE AREA CODE)									
11. EMAIL ADDRESS:																			
12. MAKE PAYMENT TO: <input type="checkbox"/> SELF <input type="checkbox"/> OTHER																			
13. NAME:										14. SSN / FEDERAL ID NUMBER									
15. CONTRACT CASE TYPES & COUNTY NUMBERS:																			
<input type="checkbox"/> Juvenile Cases																			
<input type="checkbox"/> Misdemeanors																			
<input type="checkbox"/> C & D Felonies																			
<input type="checkbox"/> A & B Felonies																			
<input type="checkbox"/> PCR Cases																			
<input type="checkbox"/> Appellate (All Counties)																			
16. SIGNED BY CONTRACT ATTORNEY:										APPROVED:									
_____										_____									
DATE: _____										STATE PUBLIC DEFENDER									
										DATE: _____									



1	Adair	26	Davis	51	Jefferson	76	Pocahontas
2	Adams	27	Decatur	52	Johnson	77	Polk
3	Allamakee	28	Delaware	53	Jones	78	Pottawattamie
4	Appanoose	29	Des Moines	54	Keokuk	79	Poweshiek
5	Audubon	30	Dickinson	55	Kossuth	80	Ringgold
6	Benton	31	Dubuque	56	Lee	81	Sac
7	Black Hawk	32	Emmet	57	Linn	82	Scott
8	Boone	33	Fayette	58	Louisa	83	Shelby
9	Bremer	34	Floyd	59	Lucas	84	Sioux
10	Buchanan	35	Franklin	60	Lyon	85	Story
11	Buena Vista	36	Freemont	61	Madison	86	Tama
12	Butler	37	Greene	62	Mahaska	87	Taylor
13	Calhoun	38	Grundy	63	Marion	88	Union
14	Carroll	39	Guthrie	64	Marshall	89	Van Buren
15	Cass	40	Hamilton	65	Mills	90	Wapello
16	Cedar	41	Hancock	66	Mitchell	91	Warren
17	Cerro Gordo	42	Hardin	67	Monona	92	Washington
18	Cherokee	43	Harrison	68	Monroe	93	Wayne
19	Chickasaw	44	Henry	69	Montgomery	94	Webster
20	Clarke	45	Howard	70	Muscatine	95	Winnebago
21	Clay	46	Humboldt	71	O'Brien	96	Winneshiek
22	Clayton	47	Ida	72	Osceola	97	Woodbury
23	Clinton	48	Iowa	73	Page	98	Worth
24	Crawford	49	Jackson	74	Palo Alto	99	Wright
25	Dallas	50	Jasper	75	Plymouth		

Instructions for Acceptance and Approval Form

1. Name Enter the name of the individual attorney covered by the contract. Each individual contract attorney must complete and sign the contract acceptance and approval form.

2. Start Date Leave blank. The start date will be filled in by the State Public Defender. The date is generally the date the contract is signed.

3. SSN

Enter the Social Security Number of the attorney to be covered by the contract.

4. End Date Leave blank. The State Public Defender will calculate the end date, which will be approximately three years in the future unless the parties terminate the contract.

5. Address Enter the mailing/street address for the attorney covered by the contract. This address will be forwarded to the county clerks of court for case notification. This address will also be used for administrative correspondence.

6. City Enter the city for the mailing address in line 5.

7. State Enter the state for the mailing address in line 5.

8. Zip Enter the zip code for the mailing address in line 5.

9. Phone Enter the principal phone number for the attorney. This phone number will be forwarded to county clerks of court for case notification. The phone number will also be used for administrative issues.

10. Fax Enter the fax number, if any, for the attorney. This fax number will be forwarded to county clerks of court for case notification. This fax number will also be used for administrative correspondence.

11. E-Mail Enter the internet e-mail address, if any, for the attorney. This e-mail address may be used for administrative correspondence.

12. Pay to Designate whether payments are to be made to you or if payments are to be made to a firm or another individual. If to you, check "self." If to another, check "other."

13. Name Enter the name of the individual or law firm to receive payment under the contract.

14. FEIN Enter the social security number or Federal ID number of the person or firm to receive payment under the contract.

15. Contract Case Types and County Numbers: Check the appropriate box for the type(s) of contract(s) the attorney has entered into with the State Public Defender. This information will be forwarded to clerks of court for case appointments. Designate the counties by number where the attorney would like to accept court appointments for each type of case. A map is attached to this list with the names and identification numbers for each county.

Sign and date the form and return to the State Public Defender's Office, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319.