



EXTRAORDINARY COMPENSATION REQUEST FORM

Please provide as much detail as possible to support your request. There is no entitlement to extraordinary compensation and requests will be considered on a case-by-case basis. Please refer to the Extraordinary Compensation Policy, available on OCLA's website [here](#), for more information.

Requesting Attorney: _____ Date of Request: _____

Client ID No.: _____ Number of Hours Requested: _____

Hourly rate: \$125.00/hr. Total Amount Requested: \$ _____

1. Number of hours already invested into the case for the year: _____
2. Has OCLA paid extraordinary compensation on this case in the past? Yes No
 - a. If yes, please provide the date and number of hours requested: _____
3. Are the number of hours invested in the case in question offset by the number of hours invested in your overall caseload? If not, please explain:

4. Did you engage in extensive travel to meet the requirements of representation and does this travel contribute to the request for extraordinary compensation? If yes, please explain:

5. Have communication barriers demanded an extraordinary amount of time on the case in question and does this extra time form a basis of your compensation request? If yes, please explain:

6. Have you had to attend an extraordinary number of hearings for the case in question or otherwise been subjected to hearings that far exceed the normal duration of said proceedings? Have you had to spend an extraordinary amount of time preparing for these appearances? If yes, please explain as it relates to the current request:

7. Are you involved in collateral cases related to the dependency that require your extended attention and assistance and that cannot be billed as separate cases? If yes, please explain:

8. Please describe any other circumstances that justify your request for extraordinary compensation:

Submit requests to the CRP Director bailey.zydek@ocla.wa.gov