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IDAHO ASSOCIATION OF COUNTIES

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## **Capital Crimes Defense Fund Application**

Date:	
County:	
Case Name:	Case #:
Public Defender (Lead):	
Public Defender (Co-council):	
Original Charge:	Date of Incident:
Plea Date:	
Death Penalty Notice Date:	Death Penalty Removal Date:
Trial Date:	Estimated Trial Length:
Expense Estimate:	

(Please note that if at any time the case no longer is a capital case, CCDF requires notice of capital removal.)

**Documents Required:** 

- CCDF Application
- Criminal Information
- Notice to seek the death penalty
- County per diem rate schedule
- Proof of county's \$10,000 deductible has been met
- Completed CCDF spreadsheet for current claims/orders