



MAINE COMMISSION ON  
PUBLIC DEFENSE  
SERVICES

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**Request for Reimbursement of Counsel Fees:**

**Client Name:** \_\_\_\_\_

**Docket Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Refund Amount: \$** \_\_\_\_\_

**Explanation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mail Check To:**

**Mailing address noted above.**

**This court. The mailing address is:** \_\_\_\_\_

\_\_\_\_\_  
**Clerk Printed Name:**

\_\_\_\_\_  
**Clerk Signature:**

\_\_\_\_\_  
**Date:**

**\*\*\*A copy of the docket record must be attached to this form to process the request.\*\*\***

**Please submit this form and the docket record to [PDS@maine.gov](mailto:PDS@maine.gov).**