

**COMMITTEE TO EVALUATE THE NEED FOR REQUESTED
COURT COSTS AND FEES**

APPLICATION FORM

**(Please Read the General Guidelines for the Standing Committee to
Evaluate Requests for Court Costs and Fees)**

PART A. INFORMATION ON REQUESTING ORGANIZATION

1. _____
Name of Requesting Organization and Intended Recipient
2. _____
Address Street/P.O. Box # City State ZIP Code
3. _____
Area Code Telephone # Fax Number E-Mail Address
4. Name of Contact Person _____

PART B. INFORMATION ON THE REQUEST

5. Description of the requested court cost or fee. Please describe on a separate page and provide the information requested below.
- (a) Type of fee or court cost: _____
- (b) New fee/court cost or increase in existing fee/court cost (Please check):
_____New _____Increase
- (c) Statute or codal provision to be added or changed to implement the requested court cost or fee:

- (d) Amount, range, percentage or limit of new or increased fee/court cost:

- (e) How much will the requested fee or court cost increase the aggregate amount of fees or court costs paid by similar types of court users? From _____ To _____
- (f) Basis against which the fee or court cost is assessed: (civil filings, convicted criminal defendants, type of conviction charge, pages, cash amounts, etc.)

6. Purpose and intended use of the requested court cost or fee.

7. Why is this an appropriate purpose? Please check the relevant box(es).

a. ___ It directly supports a court or the court system.

b. ___ Its cost is reasonably related to the administration of justice.

8. What is the name of the program to be used to accomplish the purpose listed above?

9. Who and how many will benefit from the proposed court cost or fee?

What types of persons or agencies will benefit?

Approximately how many people will benefit?

10. Does the recipient or the requesting organization have the financial resources to implement the program without the requested court cost or fee? What will the recipient organization do about the program if the court cost or fee is not enacted?

I CERTIFY THAT A COPY OF THIS PROPOSAL FOR A NEW OR INCREASED COURT COST OR FEE HAS BEEN SENT TO THE LEGISLATURE THROUGH THE CLERK OF THE HOUSE OF REPRESENTATIVES AND THE SECRETARY OF THE SENATE AND THAT ALL OF THE ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Chief Executive Officer

Date

PLEASE FORWARD YOUR APPLICATION TOGETHER WITH THE REQUESTED FINANCIAL INFORMATION OUTLINED IN GUIDELINE 5 IN TIME TO ASSURE THEIR RECEIPT BY **5:00 P.M., OCTOBER 1ST OF EACH YEAR TO:**

JUDICIAL COUNCIL
ATTENTION: SCOTT GRIFFITH
JUDICIAL ADMINISTRATOR'S OFFICE
400 ROYAL STREET, SUITE 1190
NEW ORLEANS, LA. 70130
(504) 310-2599