

**eROF Capital Mitigation Specialist**

**Date Submitted:**

**Lead Attorney Name:**

**Attorney Phone Number:**

**Return Email Address (es):**

**Client Name (Last, First):**

**Case Number:**

**Case Type:**

Capital

**Primary Charge:**

First Degree Murder

**Preferred Mit Specialist**

**Has Mit Specialist Agreed to the Appointment (Y or N):**

**New Appointment (Y or N):**

**Number of Hours Requested to Date:**

**Number of Hours Billed to Date:**

**Additional Hours Requested:**

**Additional Hours Cost:**

**Rationale and Additional Information:**

SAVE FORM AND EMAIL TO: [ROFNew@mail.maricopa.gov](mailto:ROFNew@mail.maricopa.gov)

**OCC Comments:**

**Disposition:**

**Authorized Signature and Date:**