

**COMMITTEE TO EVALUATE REQUESTS FOR COURT COSTS AND FEES**

**APPLICATION FORM - Deadline - January 15<sup>th</sup>**

(Please consult the General Guidelines of the Standing Committee to Evaluate Requests for Court Costs and Fees when completing this form)

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: \_\_\_\_\_

5. Description of the requested court cost or fee.

(a) Type of fee or court cost: \_\_\_\_\_

(b) New fee/court cost or increase in existing fee/court cost: \_\_\_ New \_\_\_ Increase

(c) Statute or codal provision to be added or changed: \_\_\_\_\_

(d) 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.

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 **JANUARY 15<sup>TH</sup>** TO:

JUDICIAL COUNCIL  
ATTENTION: ROYCE DUPLESSIS, ESQ.  
JUDICIAL ADMINISTRATOR'S OFFICE  
400 ROYAL STREET, SUITE 1190  
NEW ORLEANS, LA. 70130  
[RDUPLESSIS@LASC.ORG](mailto:RDUPLESSIS@LASC.ORG)  
PHONE: 504-310-2599  
FAX: 504-310-2587