



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★

Criminal Justice Section  
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150 E. Gay Street, 16<sup>th</sup> Fl.  
Columbus, Ohio 43215  
www.OhioAttorneyGeneral.gov

## APPLICATION FOR C.A.P. FUNDS (CHILD ABUSE PROSECUTION EXPERT FUNDS)

Complete this application as fully and as accurately as possible. Incomplete or insufficient information may cause delay in approval of C.A.P. Funding. For an electronic copy of this application, please call the Special Prosecutions Unit (614) 644-0729.

### 1. Name and Contact Information

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

Name of County: \_\_\_\_\_

Name of elected county prosecutor: \_\_\_\_\_

Name of prosecutor requesting CAP Funds:  
*(If different from Elected Prosecutor)* \_\_\_\_\_

Name of person completing this application:  
*(If different from either individual above)* \_\_\_\_\_

Official title: \_\_\_\_\_

Name of person to contact about this application: \_\_\_\_\_

Address of contact person: \_\_\_\_\_  
(Street) (Floor/Suite/Room)

\_\_\_\_\_, Ohio \_\_\_\_\_  
(City) (Zip Code)

Phone number of contact person: (\_\_\_\_) \_\_\_\_\_

Fax number of contact person: (\_\_\_\_) \_\_\_\_\_

### 2. History

Has this county applied for CAP Funding in the past?      Circle      Yes      No

Has this county received CAP Funding in the past?      Circle      Yes      No

### 3. Case for which CAP Funds Sought

Name of case: \_\_\_\_\_

Case number: \_\_\_\_\_

Court where filed:      Circle      Juvenile Court      Common Pleas Court

Type or style of case:    Circle                  Abuse/Neglect/Dependency    Delinquency/Prosecution

If Abuse / Neglect /Dependency, at what type of hearing will the expert testify?

\_\_\_\_\_

Number of victims: \_\_\_\_\_

Ages(s) of victim(s):    Current:                  \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Time of Offense:                  \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Type of injury to child:                  Circle                  Physical                  Sexual                  Other

Number of defendants: \_\_\_\_\_

Charges / Allegations (List separately for each defendant. Use the back of this sheet if necessary :)

| Charge   | Number of Counts | Level of Offense |
|----------|------------------|------------------|
| a) _____ | _____            | _____            |
| b) _____ | _____            | _____            |
| c) _____ | _____            | _____            |
| d) _____ | _____            | _____            |

Briefly Describe Case:

Briefly state why CAP Funding is needed in this case?

List any other resources, including matching funds, that are available and can or will be used to pay for the intended expert.

**4. Intended Expert**

Name of intended expert: \_\_\_\_\_

Address of intended expert: \_\_\_\_\_

(Street)

(Floor/Suite/Room)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Phone number of intended expert: (\_\_\_\_) \_\_\_\_\_

Is the intended expert on the DECA List?    Circle                      Yes      No

(IF EXPERT IS NOT ON THE DECA LIST, THE "APPLICATION TO ADD AN EXPERT TO THE DECA LIST" MUST BE COMPLETED AND SUBMITTED BEFORE THIS APPLICATION CAN BE CONSIDERED AND APPROVED.)

Who initially sought the intended expert's?  
Involvement in this case? (i.e. victim, prosecutor, etc...) \_\_\_\_\_

Was the intended expert involved in the initial  
Treatment of the victim(s)?                      Circle                      Yes                      No

Has or will the intended expert interview / examine the victims(s)    Yes                      No

In this case, is the intended expert to be qualified and testify as an expert?  
Circle                      Yes                      No

Describe the services you expect the intended expert to render in this case and how you foresee the intended expert helping this case?

Will the intended expert testify concerning a constitution question?    Yes                      No

Will the intended expert testify concerning an issue  
of first impression?                                      Yes                      No

Will the intended expert testify concerning an issue that is a  
conflict among courts of appeals?                      Yes                      No

If you answered "Yes" to any of the last three questions, please explain:

**5. Amount Requested**

Total amount of CAP Funding requested for this case: \_\_\_\_\_

*(This amount should not exceed \$2500, unless there are extremely exceptional circumstances that have been negotiated with the Attorney General's Office prior to submitting this application. See "Expenses Covered" section of the Cap Fund Protocol for additional terms and limits on funding.)*

**6. Questions and Submission of Applications**

Questions concerning the CAP Fund or this application should be directed to the Attorney General's Special Prosecutions Unit at:

**(614) 644-0729**

Completed applications should be submitted to:

**CAP Fund  
Ohio Attorney General's Office  
Criminal Justice Section  
Special Prosecutions Unit  
150 E. Gay Street, 14<sup>th</sup> Floor  
Columbus, Ohio 43215**

By completing, signing, and submitting this application, the prosecuting attorney states that he or she has read the CAP Fund Protocol in its entirety, understands it, and will agree to abide by its terms if this application is approved. Additionally, the prosecuting attorney states that he or she has supplied a copy of the CAP Fund Protocol to the intended expert and has specifically discussed with the intended expert the limits on CAP Funding as provided in the "Expenses Covered" section of the CAP Fund Protocol. The prosecuting attorney agrees that he or she will not approve any bills submitted by the intended expert that are to be paid by the CAP Fund which exceed the maximum payable hourly rates or expenses as set forth in the "Expenses Covered" section of the CAP Fund Protocol.

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

Signed:

\_\_\_\_\_  
Prosecuting Attorney of \_\_\_\_\_  
County, Ohio