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| **C:\Users\taylormosolf\Desktop\TM\IDC\Letterhead and Logos\Logo Files (Thanks to USTAR)\Small Logo (.75IN or Less)\Color\IDC_Logo_Small_Color.jpgSTATE OF UTAH** **Indigent Defense Commission**  370 East South Temple, Suite 500  Salt Lake City, Utah 84111 (801) 531-9043 – [IDC@Utah.Gov](mailto:IDC@Utah.Gov) | | | | |
| **Quarterly Grant Progress Report** | | | | |
| 1. **Subgrantee** | 1. **IDC Grant Number** | 1. **Grant Amount** | 1. **Project Director Name** | 1. **Project Director Title** |
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| 1. **Year** | 1. **Reporting Quarter** | | | 1. **Phone Number** |
|  | First  Second  Third  Fourth | | |  |
| **9a. Recoupment:** During this period were any costs or fees, for services rendered by appointed counsel, collected against any indigent defendants?  Yes  No | | | | **9b. If Yes, how much?** |
| **$** |
| All indigent defense Systems contracting with IDC are obliged to collect and maintain data and information relevant to the scope of the contract, and to submit quarterly reports, including Financial Status Reports, and other data requested by the IDC, to provide information and data related to narrative and numerical performance measures developed by the IDC. ***Quarterly submission of this form into GMS is required for any IDC reimbursement.*** | | | | |
| **Appointed Case Report** | | | | |
| **For the next section, the following definitions apply:**   * For the individual categories please use the following: * Count as a single case, all charges resulting from a single criminal episode (defined in Utah Code § 76-1-401), even if it involves multiple citations or complaints, and consolidated cases. * If the charging document contains multiple criminal defendants involved in a single criminal episode, count all charges against each defendant as a single case. * If the charging document contains multiple alleged offenses, select the most serious offense for case type.   Case Type  Felony  Misdemeanor  Order to Show Cause (OSC)  Felony Delinquency  Delinquency  Contempt (Juvenile)  DCFS/Termination  Private Petition Termination  Appeal  Other, Please Explain  Attorney Name  First & Last Name  Case Type  Felony  Misdemeanor  Order to Show Cause (OSC)  Felony Delinquency  Delinquency  Contempt (Juvenile)  DCFS/Termination  Private Petition Termination  Appeal  Court Location  Name of Court  Ex: Nephi District  Case Number  9 Digit Case Number  Appointment Date  MM/DD/YYYY | | | | |

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| **Attorney Name** | **Court Location** | **Case Number** | **Case Type** | **Appointment Date** |
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| **Attorney Name** | **Court Location** | **Case Number** | **Case Type** | **Appointment Date** |
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**\*Attach additional pages as necessary**

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| **Narrative Report:** Please have the following parties describe any progress and/or barriers encountered in the quarter. Include at least one narrative report from each one of the following parties over the course of quarterly reports, and each quarter must have at least one narrative report. |
| County Commission’s Perspective:  Defense Attorney Perspective:  County Attorney Office’s Perspective:  Local Court Perspective: |

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Print Name of Project Director

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Signature of Project Director Date

