EXPERT WITNESS REQUEST

Office of Court Appointed Counsel

Attorney _____ Date _____

Phone No. _____ Fax No. _____

Defendant Name _____

Case Number _____ Charges _____

Expert Name_____ Tax ID No. _____

Field of Expertise _____

Hourly Rate $_____ Hours Requested _____ Total $_____

Please include a synopsis of the charges, a rendition of the facts of the case and the theory of the case vis a vis the requested expert.

_____

_____

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_____

OCAC APPROVAL

To be completed by OCAC

OCAC has reviewed this request and approved a total amount of $ _____ which includes all expenses incurred during the representation.

Approved by_____ Date _____