EXPERT WITNESS Payment Request

Office of Court Appointed Counsel

CASE INFORMATION:

Case Number _____ **Attorney**_____

Defendant _____ **Judge** _____

BILLING INFORMATION:

Name _____ **Billing:** □ **Initial** □ **Interim** □ **Final**

Address _____ **Type of Expert** _____

Phone _____ **Fax** _____ **Tax ID** _____

	Number of hours		Rate		Amount
	_____	X	$_____	=	_____
	_____	X	$_____	=	_____
	_____	X	$_____	=	_____
Travel (miles)	_____	X	$00.405 (or current rate)	=	_____
Expenses _____				=	_____
_____				=	_____
		Total Claim		=	_____

The statements in the above schedule are true. No compensation for the services described has been received. An accurate itemization of the time and expenses is attached.

_____ _____

Contractor Signature **Date**

_____ _____

Attorney Signature **Date**

For OCAC use only ***(Revised 020805)***

Approved: _____ **Date** _____

☐ **Math Checked** ☐ **Bill is within amount approved** ☐ **Necessary Approval and/or** ☐ **Receipts Attached**