

REQUEST FOR EXPERT SERVICES

The Office of Public Defense (OPD) is the approving authority for compensation and utilization of professional services related to cases involved in Superior Court. Upon proof of necessity and reasonableness, OPD may approve requests for professional services and/or fees at public expense in criminal and juvenile offender proceedings. All Authorization for payment of expert fees must be preauthorized by the OPD **BEFORE** any work is done. This policy encompasses all services other than a lawyer authorized by Cr.R. 3.1.(f) for indigent adult/juvenile offender, and involuntary commitment cases under RCW 71.05.100 and 71.05.217. Only defendants who are determined to be financially unable to obtain services necessary for an adequate defense will be approved as determined by the Office of Public Defense.

OPD will only pay the amounts authorized by this form.

Instructions: Please type or print legibly. One request form per expert for tracking purposes.
MAIL, FAX OR EMAIL THIS FORM AND ACCOMPANYING DOCUMENTATION TO:

Snohomish Cty Office of Public Defense
 3000 Rockefeller M/S #209 (Room C-103)
 Everett, WA 98201

Email: spd-expert@snoco.org
 Phone: (425) 388-3500
 Fax (425) 388-3992

GENERAL CASE INFORMATION

Defendant's Last Name:		First Name:		Middle Initial:
Case Number:	Charge:		Custody Status: <input type="checkbox"/> In <input type="checkbox"/> Out	
Attorney of Record/or Party initiating Request:		E-mail address:		Contact Phone ()
<input type="checkbox"/> Defendant/Party has been screened by OPD as Indigent		<input type="checkbox"/> Attached information - Declaration/Forma Pauperis		
<input type="checkbox"/> Adult Criminal Case		<input type="checkbox"/> Juvenile Offender Case	<input type="checkbox"/> Involuntary Commitment Case	
Attorney is <input type="checkbox"/> Appointed		<input type="checkbox"/> Retained	<input type="checkbox"/> Pro Bono	<input type="checkbox"/> Pro Se
Type of Service Requested: <input type="checkbox"/> Psychological Evaluation <input type="checkbox"/> Psychiatric Evaluation <input type="checkbox"/> DNA Expert <input type="checkbox"/> Travel <input type="checkbox"/> Forensic Expert <input type="checkbox"/> Investigator <input type="checkbox"/> Sexual Deviancy Evaluation <input type="checkbox"/> Polygraph <input type="checkbox"/> Other _____				<input type="checkbox"/> First Request Previous Requests for Expert Funding totals: _____ <i>include explanation for this additional order in declaration.</i>
Trial Date:				

Name of Service Provider:		
Professional Certifications: <input type="checkbox"/> resume attached		
Hourly Rate:	Number of Hours:	Total Requested Amount:
Mileage/Travel Costs (<i>must be preapproved and meet per diem rates</i>):		

Legal Justification - Full Description of Scope of Work - Funding Parameters

<input type="checkbox"/> Attached Mandatory Declaration which describes the type of expert, the necessity of expert serves to an adequate defense, a full description of work to be accomplished, number of hours and hourly rate as well as community comparables for like services. <input type="checkbox"/> Attached Professional Resume for Expert	
Signature	Date

Internal Use Only

<input type="checkbox"/> Denied <input type="checkbox"/> Approved for Total: _____ Hourly Amount: _____
Name: _____ Director of the Office of Public Defense or Authorized Administrator