

Expert Witness Order Form

Expert Name: \_\_\_\_\_

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

Case Number: \_\_\_\_\_

DDA Name: \_\_\_\_\_

Type:	Check	Circle Format	Rate (\$/Hr)	Hrs	Total \$
Aid and Assist		Written Report/Eval			
		In-Person Testimony			
General Psychological		Written Report/Eval			
		In-Person Testimony			
EED or Diminished Capacity		Written Report/Eval			
		In-Person Testimony			
IQ or Intellectual Disability		Written Report/Eval			
		In-Person Testimony			
Guilty Except for Insanity (GEI)		Written Report/Eval			
		In-Person Testimony			
GEI/EED after Aid and Assist by same provider		Written Report/Eval			
		In-Person Testimony			
Sexual Offender Eval.		Written Report/Eval			
		In-Person Testimony			
Polygraph		Written Report/Eval			
		In-Person Testimony			
Dangerous Offender		Written Report/Eval			
		In-Person Testimony			
Other medical or Neuropsychological Exam		Written Report/Eval			
		In-Person Testimony			
Other: _____		Written Report/Eval			
		In-Person Testimony			

	Description	Total \$
Extraordinary Expense (detail)		

Grand Total (\$)

Chief Deputy Signature \_\_\_\_\_

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