OFFICE OF PARENTAL REPRESENTATION EXPERT WITNESS FORM

PLEASE PRINT ALL INFORMATION

NAME OF CLIEN	NT:						
RO #:			DOCKET #·				
		TITLE 9		Tľ	TLE 30		
DATE:	ATTO	RNEY:				PHONE:	
]	POOL:			STAFF:		ANCILLARY SERVICES:	
NAME OF EXPE AREA OF EXPEI							
C.V. on File:	YES	NO	If not plea	se provide:			
Has your expert pr	reviously done wo	ork for the Public Defend	er?	YES	5	NO	
If no, expert must EXPERT ADDRE	-	Jersey approved vendor					
PHONE:			HOURLY	RATE:			
TYPE OF EVALUATION:		Substance Abuse	ance Abuse		l	Bonding	
		Psychiatric		Other			
HOURS REQUIR	ED:		Number of people to be evaluated.				
RATE FOR ½ DA	Y IN COURT:		DAY(S) IN COURT:				
TOTAL ESTIMA	AL COST:						
bill 2. Exj pro	led for In-Court pert shall provid ovided must be d		aining a list o conological d	f daily servic		ours per day, no more than 6 hours may be ded Daily services	
DOES EXPERT'S FEE INCLUDE REPORT?		REPORT?	YES	NO			
DOES EXPERT'S	S FEE INCLUDE	ANY TESTIMONY?		YES	NO	If not what is the additional fee?	
TERMINATION	RIGHTS CASE:		YES	NO			
PRELIMINARY	APPROVAL BY:					DATE:	
HEADQUARTER CONDITIONS OI (To be completed	F APPROVAL:					_ DATE:	
	Hours of tes	stimony at \$	report writing s paid at \$25.0		per hour. per hour. ur		

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