



Washington State Office of Civil Legal Aid

EXPERT SERVICE AUTHORIZATION PROCEDURE

Please review the *Expert Service Authorization and Compensation Policy & Procedures* [here](#) before continuing with this form. Incomplete or insufficient submissions may result in a delay or denial of expert approval. The CRP Manager may ask for additional information when making this assessment.

Attorney name: _____ Case ID Number: _____

A brief description of the service needed and how it is necessary to further the attorney's standards-based representation of the client:

The estimated cost of the service, including:

Estimated Number of Hours _____
Per hour rate \$ _____
Estimated Travel Fees and Expenses \$ _____ (if applicable)
Total Estimated Cost of Request \$ _____

Note: CRP staff will not calculate these figures for you.

Email address of proposed expert:

*CVs, where applicable, may be attached to this document or as a separate attachment.

Send completed forms to crp@ocla.wa.gov