**EXPERT SERVICE REQUEST FORM**

*Please review the Expert Service Authorization and Compensation Policy & Procedures, available on OCLA’s website* [*here*](https://ocla.wa.gov/policies-and-procedures/)*, before continuing with this form. Incomplete or insufficient submissions may result in a delay or denial of expert approval. The CRP Director may ask for additional information when making this assessment.*

Requesting Attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (Be prepared to provide a CV upon request):

|  |
| --- |
|  |

The estimated cost of the service, including:

Estimated Number of Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Per hour rate $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Travel Fees and Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Estimated Cost of Request $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*CRP staff will not calculate these figures for you.*

Check this box if you intend to have OCLA remit payment to the expert directly.

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send this form directly to your designated Managing Attorney**