



EXPERT SERVICE REQUEST FORM

Please review the *Expert Service Authorization and Compensation Policy & Procedures*, available on OCLA's website [here](#), 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