

OFFICE OF THE NJ PUBLIC DEFENDER EXPERT REQUEST FORM-ADULT

Psychological Evaluation Request Form

Client: _____ File #: _____ Date: _____

Region: _____ Attorney: _____ Staff _____ Pool _____

Contact Info: _____ Charges: _____

Requested evaluation: NGRI , Competency , Diminished Capacity , Psychiatric , Psychological ,
Psychological/Testing , Substance Abuse ,

All forensic expert requests should be submitted to Jennifer Sellitti for approval on the *Forensic Expert Request Form*

Other (Describe) _____

Expert's Name _____ Phone: _____

Address: _____ Fax: _____

Area of Expertise: _____ CV on File or CV Attached

Email Address: _____

SYNOPSIS OF ALLEGED FACTS; BASIS FOR USE OF EXPERT [theory of the case or defense: (attach additional sheet if needed)]

HOURLY FEE OR RATE \$ _____	OUT OF COURT _____	IN-COURT _____
HOURS FOR FILE REVIEW _____	TRANSPORTATION _____	OTHER _____

ORIGINAL REQUEST	SUPPLEMENTAL
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Estimate includes a report? YES	NO	Estimate includes testimony? YES	NO
Actual or Estimated Fee Submitted for Approval \$ _____			

Regional Approval by: _____ Date: _____

Print Name: _____

Headquarters Approval by: _____ Date: _____

Carl J. Herman

Joseph Krakora

Kevin Walker

Joseph J. Russo

Additional information or instruction: