

**TO: LORRAINE AUGOSTINI**  
**First Asst. Public Defender**

**FAX# 609-530-7880**

**FROM:** \_\_\_\_\_

**JUVENILE**  
**OPD EXPERT WITNESS REQUEST FORM**

Fill Out On Screen Then Print or Print Then Fill Out Legibly, Fill Out All Relevant Fields, Attach Supplemental Sheets as Needed

WAIVER

NON-WAIVER

CLIENT: \_\_\_\_\_

DOB: \_\_\_\_\_

RO#: \_\_\_\_\_

REGION: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

DATE: \_\_\_\_\_

STAFF

POOL

ORIGINAL REQUEST

SUPPLEMENTAL REQUEST

CHARGES / ISSUE IN DISPUTE:

**SYNOPSIS OF ALLEGED FACTS; REASON FOR PROPOSED USE OF EXPERT [Relate to Specific Case Fact and Defense/Advocacy Theory/ies]; and TYPE OF EXPERT REQUESTED:[For Waiver Cases, Also Describe Prior Adjudications and State's Reasons for Waiver]:**

PROPOSED EXPERT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AREA OF EXPERTISE: \_\_\_\_\_ CV ON FILE CV ATTACHED

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

OUT OF COURT: Time Required: \_\_\_\_\_ RATE: \_\_\_\_\_

IN COURT: Time Required: \_\_\_\_\_ RATE: \_\_\_\_\_

Transportation/Other Cost [specify]: \_\_\_\_\_

Estimate Includes a Report? YES NO Estimate Includes Testimony? YES NO

TOTAL COST [actual or estimated] SUBMITTED FOR APPROVAL: \$ \_\_\_\_\_

REGIONAL APPROVAL? YES NO

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

IF RELEVANT ADDITIONAL INFORMATION REQUESTED BY HEADQUARTERS:

HEADQUARTERS APPROVAL? YES NO

DECIDED BY: \_\_\_\_\_ DATE: \_\_\_\_\_