

OPD FORENSIC EXPERT REQUEST FORM

CASE INFORMATION		
Client:	RO#:	
Date:	Region:	
Attorney:	Attorney phone:	
	Attorney email:	
Charges:		
Summary of facts alleged and anticipated use of expert (use separate sheet if necessary):		
Have you met with the State's expert?: Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:		
Requested evaluation: DNA <input type="checkbox"/> Computer forensics <input type="checkbox"/> GPS/cell site data <input type="checkbox"/> Video/surveillance <input type="checkbox"/> Ballistics <input type="checkbox"/> Tool marks <input type="checkbox"/>	Fingerprints <input type="checkbox"/> Blood spatter <input type="checkbox"/> Handwriting <input type="checkbox"/> Forensic toxicology <input type="checkbox"/> Forensic pathology <input type="checkbox"/> Forensic odontology <input type="checkbox"/>	Scene reconstruction <input type="checkbox"/> Eyewitness identification <input type="checkbox"/> False confession <input type="checkbox"/> Scientific method <input type="checkbox"/> Statistical evidence <input type="checkbox"/> Other _____ <input type="checkbox"/>
EXPERT INFORMATION		
Expert's Name:	CV attached?: <input type="checkbox"/>	Area/s of expertise:
Hourly Rate:	Hours requested in-court:	Hours requested out of court:
Estimate includes report: Yes <input type="checkbox"/> No <input type="checkbox"/>	Transportation expenses:	Total expense:
Type of Request:	Original <input type="checkbox"/> Supplemental <input type="checkbox"/>	

Regional Approval by (print name): _____

Signature: _____

Date: _____

Headquarters approval by: Joseph Krakora Kevin Walker Jennifer Sellitti

Signature: _____

Date: _____