

**ATTORNEY REQUEST FOR EXPERT SERVICES
REGIONAL MANAGED ASSIGNED COUNSEL OFFICE**

Client/Defendant _____ DOB _____ In Custody On Bond

Attorney for Defendant _____ District Court _____

Phone _____ Email _____ Appointed Retained

Date of Appointment _____ Indigency Ordered
 Not screened for Indigency

CASE INFORMATION

District Court Case Number _____

Charges _____

Relevant Hearing: Bond Hearing Evidentiary Hearing Competency Hearing
 Trial Sentencing Post Conviction Other _____

Hearing Date _____ Judge _____

SERVICES REQUESTED

Initial Request Supplemental Request (specify) _____

Detailed explanation of why the Expert Assistance is necessary _____

Requested Expert: _____

Mailing Address _____

Phone _____ Email _____

Expert's current CV MUST BE ATTACHED. Also, other necessary documents (e.g. receipts, travel itinerary, etc.).
***NOTE: If Expert is not currently a vendor, or is unsure of status, contact the Regional Office at 3131-943-3331 or regionalmac@dearborn.gov (email preferred).

If an Expert is Out-of-State, have you consulted with the Administrator to confirm there is no qualified and available Michigan Expert?
 YES NO***

Case No . _____ Attorney P-Number _____ Expert _____

DETERMINE EXPERT'S APPLICABLE RATE OF PAY

EDUCATION

<input type="checkbox"/> High School/GED \$30/hr	<input type="checkbox"/> CPA/Financial Expert \$100/hr	<input type="checkbox"/> Ph.D/Licensed Doctor \$200/hr
<input type="checkbox"/> Associate's \$50/hr	<input type="checkbox"/> Crime Scene Related \$100/hr	<input type="checkbox"/> Medical Doctor \$250/hr
<input type="checkbox"/> Bachelor's \$70/hr	<input type="checkbox"/> Pharmacy/PharmD \$125/hr	<input type="checkbox"/> MD w/ Specialty \$300/hr
<input type="checkbox"/> Master's \$85/hr	<input type="checkbox"/> Information Tech \$150/hr	

The Expert should submit a proposal of services to the Attorney. List it below. A lack of specificity in this form may result in the request being denied and returned for additional information.

Court Appearances and Travel/Accommodations must be requested using a separate request form, AFTER the attorney determines that a court appearance is needed.

Payment is limited to the amount approved by the Administrator, based on completion of the Expert Request for Payment form.

Proposed Service and Time (in hours, use ¼ hour increments)

Service	Proposed Time (in Hours)
Client Interview	
Discovery/record review/analysis	
Crime scene examination	
Preparation of reports/documents	
Consultation with Attorney	
Court Appearance	
TOTAL PROPOSED HOURS	

Case No. _____ Attorney P-Number _____ Expert _____

The Attorney shall deliver a copy of this form to the Expert, AFTER it has been Approved by the Administrator, and BEFORE any Expert service begins.

TOTAL PROPOSED EXPERT FEES

Applicable rate of pay: \$ _____/hr x _____ hours = \$ _____

ATTORNEY DECLARATION

Attorney declares that the requested services are reasonably necessary to prepare a defense, understand or rebut the prosecution’s case, or prepare for plea negotiations or sentencing.

Attorney Signature & P-number

_____ Date of request:_____

TO BE COMPLETED BY REGIONAL MAC OFFICE ADMINISTRATOR

Request for Expert Services in Case Number:_____

APPROVED Rate _____/Hour x _____ Hours = \$ _____

DENIED

By:_____ Date_____

Contact Regional Managed Assigned Counsel Office
By Phone: 313-943-3331
By Email: regional-inv-exp@dearborn.gov at any time, 24/7
(Administrator will make every effort to respond within one day)

NOTES: