



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

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	
<b>TOTAL PROPOSED HOURS</b>	

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: \_\_\_\_\_

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