

AUTHORIZATION FOR COURT REPORTER APPEARANCE FEE

REQUEST DATE:

COURT REPORTER SERVICE:

ADDRESS:

PHONE NUMBER:

FED TAX ID #:

DEFENDANT:

CASE #:

COUNTY:

LOCATION OF DEPO:

Travel Required?

DEPO DATE:

WITNESS NAMES (attach or list):

ESTIMATED TOTAL COST: \$ PER HR x HRS = \$

COMMENTS:

Pursuant to Chapter 27.54 FS, I hereby certify that these costs are useful and necessary in the defense of our legal case.

Requested by: _____
Asst. Reg. Counsel

Date: _____
(type name)

Approved by: _____
Lead Office Attorney

Date: _____
(type name)

INSTRUCTIONS FOR PROCESSING PAYMENT: Instructions for Processing Payment: Scan to Chief Assistant with Justification Form. Place Style of case, case number, and type of request in e-mail heading.

REQUEST FOR APPROVAL OF PROFESSIONAL/EXPERT SERVICES PAYMENT

This form must be completed for anyone charging a fee for a professional or expert service or a fee for testimony at trial or hearing. Individuals may not charge a fee for attendance at a deposition or trial if they are not an expert so designated by the court unless approved by the Regional Counsel or Assistant Regional Counsel. Refer to "Professional Services/Expert Witness Fee Schedule" document for definition of "expert" and fees approved for Public Defender cases.

Defendant: _____ Case No: _____

County: _____ Division: _____

Federal ID Number: _____

Payee: _____

Address: _____

City, State, Zip: _____

Area of Expertise: _____

Charges will be for:

- _____ Confidential psychological evaluation to determine competence to proceed
- _____ Confidential psychological evaluation related to sanity at time of offense
- _____ Fee for other professional services to be rendered
- _____ Fee for testimony of state expert witness at deposition
- _____ Fee for testimony of defense witness at trial/hearing
- _____ Other

Description and Justification for service needed: _____

Trial Date: _____

Costs: Hourly Rate _____ Est. # Hours _____ Flat Rate _____

Travel Charges? _____ If yes, provide details and estimated cost: _____

Pursuant to Chapter 27.54 F.S., I hereby certify that these costs are useful and necessary in the defense of this criminal case.

Requested by: _____
Assistant Regional Counsel

Date: _____

Approved by: _____
Asst. Regional Counsel Supervisor

Date: _____

By signing, expert witness agrees to uphold price quoted and to inform attorney if additional dollars will be needed for services prior to billing.

Date: _____

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AUTHORIZATION FOR COURT REPORTER TRANSCRIPTION FEES

REQUEST DATE:

COURT REPORTER SERVICE:

ADDRESS:

PHONE NUMBER:

FED TAX ID #:

DEFENDANT:

CASE #:

COUNTY:

LOCATION OF DEPO:

DEPO DATE:

DATE TRANSCRIPTS NEEDED:

EXPEDITED: YES NO If yes, please explain:

WITNESS NAMES (attach or list):

DEPO RECORDED ELECTRONICALLY: YES NO

TRANSCRIPTS NEEDED FOR: TRIAL APPEAL OTHER

ORIGINAL: PGS X \$ PER PG = \$

COPIES: PGS X \$ PER PG = \$

TOTAL COST: \$

Pursuant to Chapter 27.54 FS, I hereby certify that these costs are useful and necessary in the defense of our legal case.

Requested by: _____
Asst. Reg. Counsel

Date: _____
(type name)

Approved by: _____
Lead Office Attorney

Date: _____
(type name)

Instructions for Processing Payment: Scan to Chief Assistant with Justification Form. Place Style of case, case number, and type of request in e-mail heading.

