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IN THE SUPERIOR COURT FOR THE STATE OF WASHINGTON
KING COUNTY

STATE OF WASHINGTON

Plaintiff

v.

AKA _____,

Defendant

NO. _____

ORDER ON EXPERT SERVICES AT PUBLIC EXPENSE

(ORES)

THIS MATTER comes before the undersigned authorized representative of the Department of Public Defense (DPD) on behalf of the defendant, through counsel of record, _____, for expert services necessary to an adequate defense in this case to be performed at public expense. The services requested are for:

Mental Health Evaluation:

- | | | |
|--|---|---|
| <input type="checkbox"/> Competency | <input type="checkbox"/> Diminished Capacity | <input type="checkbox"/> Neuropsychological |
| <input type="checkbox"/> Polygraph | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Quantitative Electroencephalogram | <input type="checkbox"/> Sexual Behavioral Health | <input type="checkbox"/> Substance Abuse |

Crime Scene/Evidence Analysis:

- | | | |
|--|--|---|
| <input type="checkbox"/> Accident Reconstruction | <input type="checkbox"/> Arson | <input type="checkbox"/> Crime Scene Analysis |
| <input type="checkbox"/> DNA Analysis | <input type="checkbox"/> Document Analysis | <input type="checkbox"/> Evidence Analysis |
| <input type="checkbox"/> Eyewitness/Memory | <input type="checkbox"/> Fingerprint Analysis | <input type="checkbox"/> Forensic Accounting |
| <input type="checkbox"/> Gang Expert | <input type="checkbox"/> Subject Matter Expert | <input type="checkbox"/> Technology/Computer/Cell Phone |

Medical/Toxicology:

- | | | |
|--|---|---|
| <input type="checkbox"/> Drug Recognition Expert | <input type="checkbox"/> DUI Breath Testing | <input type="checkbox"/> Forensic Nurse |
| <input type="checkbox"/> Medical/Dental Consultant | <input type="checkbox"/> Pathology | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Toxicology | <input type="checkbox"/> Veterinarian | |

1 Case Support:

- 2
- 3 Admin. Support Investigation Jury Consultant
- 4 Mitigation Specialist Mitigation Video Paralegal
- 5 Pro Se Phone Account Pro Se Supplies Records

6 Interpretation/Translation:

- 7 Interpretation Translation

8 Deposition/Transcription:

- 9 Deposition Transcription

10 **IT IS ORDERED:**

11 That based on the attached documentation, including the certification of counsel, the requested services
12 are necessary for an adequate defense and the defendant is financially unable to obtain them, and pursuant
13 to CrR 3.1(f), the expert, _____, shall be paid under the Business Name
_____ and is authorized to perform the expert services indicated above
at public expense. (SEE INSTRUCTIONS FOR PROVIDING THE CORRECT PAYMENT NAME).

14 1. **Expert Hours:** The authorization for expert hours is divided into two categories. Under the
15 “general hours” section is listed all time anticipated to be spent by the expert in the regular course
16 of his or her work on the case that is not in preparation for trial testimony or time spent testifying
17 in a hearing or trial. Under the “trial preparation/testimonial hours” section is listed all
time anticipated to be spent by the expert attending interviews with opposing counsel,
preparing to testify and/or testifying in a hearing or trial.

18 a. **General Hours:** the expert is authorized to perform work at the following rates:

- 19 Not more than \$ _____ per hour for a maximum of _____ hours
- 20 Not more than \$ _____ per hour for a maximum of _____ hours
- 21 Flat rate not more than \$ _____

22 i. The expert will conduct a competency or insanity defense evaluation and the
mandatory application for an additional \$800 that is reimbursable by DSHS is
attached

23 ii. The maximum number of hours approved is _____. The maximum amount
approved for payment by DPD is _____. (If \$800 is reimbursable by DSHS,
\$800 is subtracted from the total listed below).

24 **Total Amount for General Hours: \$ _____**

25 b. **Trial Prep/Testimonial Hours:** Expert testimony and/or trial preparation time is
permitted and shall be compensated at:

- 26 Not more than \$ _____ per hour for a maximum of _____ hours
- 27 Not more than \$ _____ per hour for a maximum of _____ hours

28 **Total Amount for Trial Prep/Testimonial Hours: \$ _____**

1
2 2. **Travel Expenses:** _____ Expert Witness Attorney/Staff
are authorized as follows:

- 3 Airfare \$ _____ Meals/Per Diem \$ _____
4 Ground Transportation \$ _____ Parking/Mileage \$ _____
5 Hotel \$ _____ Other Items \$ _____ Specify: _____

6 **Total Travel Expenses:** \$ _____

7 3. **Transcription Expenses:** Transcription expenses shall be compensated at:

- 8 Not more than \$ _____ per page for a maximum of _____ pages
9 Not more than \$ _____ per page for a maximum of _____ pages

10 **Total Transcription Expenses:** \$ _____

11 4. **Miscellaneous Expenses:** _____
(For example, depositions, records, trial exhibits, data charges, mailing/delivery service).

12 **Total Miscellaneous Expenses:** \$ _____

13 5. **Grand Total Ordered:** \$ _____

14
15 **PAYMENT IN EXCESS OF THE ABOVE LIMIT(S) WILL NOT BE MADE WITHOUT PRIOR**
16 **AUTHORIZATION**

17
18 **THIS PROVIDES** notification to the Department of Adult and Juvenile Detention (DAJD) that the
19 above-named expert be granted admittance to the King County Correctional Facility for the purpose of a
20 contact visit at reasonable times as necessary to perform said services, with the following equipment:

- 21 Standard psychological testing equipment and materials authorized to be admitted into DAJD facility
with expert.
22 Other electronic equipment authorized to be admitted to DAJD facility with expert, specifically:
23 _____

24 **IT IS FURTHER ORDERED:** that the attorney shall deliver to the service provider a copy of this order
25 before the expert service begins.

- 26 Expert Order **WILL BE SEALED** (A Motion/Order to Seal MUST accompany this Order)
27 Expert Order **WILL NOT BE SEALED**

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Attorney is:

Appointed Retained Pro Bono Pro Se

PRESENTED BY:

APPROVED **DENIED**

s/ _____

Attorney for Defendant

Division: _____

Email: _____

Cc: _____

Cc: _____

Cc: _____

Telephone: _____

Date: _____

For the Department of Public Defense
OR Trial Judge

Date Ordered

BASIS FOR DENIAL/MODIFICATION: