Instructions | Missing Fields | Save Order

IN THE SUPERIOR COURT FOR THE STATE OF WASHINGTON
KING COUNTY

| | |
|---|---|
| STATE OF WASHINGTON<br><br>Plaintiff<br><br>v.<br><br>_____,<br><br>AKA _____,<br><br>Defendant | NO. _____<br><br>ORDER ON EXPERT SERVICES AT PUBLIC EXPENSE<br><br>(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:

| | | |
|---|---|---|
| ☐ Competency | ☐ Diminished Capacity | ☐ Neuropsychological |
| ☐ NGRI | ☐ Polygraph | ☐ Psychiatric |
| ☐ Psychological | ☐ Quantitative Electroencephalogram | ☐ Sexual Behavioral Health |
| ☐ Substance Abuse | | |

Crime Scene/Evidence Analysis:

| | | |
|---|---|---|
| ☐ Accident Reconstruction | ☐ Arson | ☐ Crime Scene Analysis |
| ☐ DNA Analysis | ☐ Document Analysis | ☐ Evidence Analysis |
| ☐ Eyewitness/Memory | ☐ Fingerprint Analysis | ☐ Forensic Accounting |
| ☐ Gang Expert | ☐ Subject Matter Expert | ☐ Technology/Computer/Cell Phone |

Medical/Toxicology:

| | | |
|---|---|---|
| ☐ Drug Recognition Expert | ☐ DUI Breath Testing | ☐ Forensic Nurse |
| ☐ Medical/Dental Consultant | ☐ Pathology | ☐ Pharmacology |
| ☐ Toxicology | ☐ Veterinarian | |

Case Support:

| | | |
|---|---|---|
| ☐ Admin. Support | ☐ Investigation | ☐ Jury Consultant |
| ☐ Mitigation Specialist | ☐ Mitigation Video | ☐ Paralegal |
| ☐ Pro Se Phone Account | ☐ Pro Se Supplies | ☐ Records |
| ☐ Travel – Attorney/Staff | ☐ Travel – Expert | ☐ Travel – Witness |

Interpretation/Translation:

☐ Interpretation ☐ Translation

Deposition/Transcription:

☐ Deposition ☐ Transcription

**IT IS ORDERED:**

That based on the attached documentation, including the certification of counsel, the requested services are necessary for an adequate defense and the defendant is financially unable to obtain them, and pursuant 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).

1. **Expert Hours:** The authorization for expert hours is divided into two categories. Under the "General Hours" section is listed all time anticipated to be spent by the expert in the regular course of their work on the case that is not in preparation for trial testimony or time spent testifying in a hearing or trial. Under the "Trial Prep/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.

    a. **General Hours**: the expert is authorized to perform work at the following rates:
    ☐ Not more than $_____ per hour for a maximum of _____ hours
    ☐ Not more than $_____ per hour for a maximum of _____ hours
    ☐ Flat rate not more than $_____
        i. The expert will conduct a competency or insanity defense evaluation and the mandatory application for $800 reimbursable by DSHS is attached No
        ii. The maximum number of hours approved is 0.00. The maximum amount approved for payment by DPD is 0.00. (If $800 is reimbursable by DSHS, $800 is subtracted from the total listed below).

    **Total Amount for General Hours:** $0.00

    b. **Trial Prep/Testimonial Hours**: Expert testimony and/or trial preparation time is permitted and shall be compensated at:
    ☐ Not more than $_____ per hour for a maximum of _____ hours
    ☐ Not more than $_____ per hour for a maximum of _____ hours

    **Total Amount for Trial Prep/Testimonial Hours:** $0.00

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

☐ Airfare $_____ ☐ Meals/Per Diem $_____
☐ Ground Transportation $_____ ☐ Parking/Mileage $_____
☐ Hotel $_____ ☐Other Items $_____ Specify: _____

**Total Travel Expenses:** $ 0.00

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

☐ Not more than $_____ per page for a maximum of _____ pages
☐ Not more than $_____ per page for a maximum of _____ pages

**Total Transcription Expenses:** $ 0.00

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

**Total Miscellaneous Expenses:** $ 0.00

5. **Grand Total Ordered:** $ 0.00

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

---

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

☐ Standard psychological testing equipment and materials authorized to be admitted into DAJD facility with expert.
☐ Other electronic equipment authorized to be admitted to DAJD facility with expert, specifically:

---

---

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

---

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

---

Attorney is:
☐ Appointed ☐ Retained ☐ Pro Bono ☐ Pro Se

**PRESENTED BY:** ☐ **APPROVED** ☐ **DENIED**

s/ _____
Attorney for Defendant
Division: _____
Email: _____
Cc: _____
Cc: _____
Cc: _____
Telephone: _____
Date: _____

s/ _____
For the Department of Public Defense
**OR** Trial Judge

_____
Date Ordered

**BASIS FOR DENIAL/MODIFICATION:**