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KING COUNTY DISTRICT COURT
DIVISION
STATE OF WASHINGTON

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

Crime Scene/Evidence Analysis:

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

Medical/Toxicology:

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

1 Case Support:

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

5 Interpretation/Translation:

- 6 Interpretation Translation

7 Deposition/Transcription:

- 8 Deposition Transcription

9 **IT IS ORDERED:**

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

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

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

- 23 Not more than \$ _____ per hour for a maximum of _____ hours
24 Not more than \$ _____ per hour for a maximum of _____ hours
25 Flat rate not more than \$ _____

- 26 i. The expert will conduct a competency or insanity defense evaluation and the
27 mandatory application for an additional \$800 that is reimbursable by DSHS is
28 attached
29 ii. The maximum number of hours approved is _____. The maximum amount
30 approved for payment by DPD is (If \$800 is reimbursable by DSHS, \$800 is
31 subtracted from the total listed here).

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

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

- 35 Not more than \$ _____ per hour for a maximum of _____ hours
36 Not more than \$ _____ per hour for a maximum of _____ hours

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

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

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

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

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

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

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

10 4. **Miscellaneous Expenses:** _____

(For example, depositions, records, trial exhibits, data charges, mailing/delivery service).

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

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

13
14 **PAYMENT IN EXCESS OF THE ABOVE LIMIT(S) WILL NOT BE MADE WITHOUT PRIOR**
15 **AUTHORIZATION**

16
17 **THIS PROVIDES** notification to the Department of Adult and Juvenile Detention (DAJD) that the
18 above-named expert be granted admittance to the King County Correctional Facility for the purpose of a
19 contact visit at reasonable times as necessary to perform said services, with the following equipment:

20 Standard psychological testing equipment and materials authorized to be admitted into DAJD facility
with expert.

21 Other electronic equipment authorized to be admitted to DAJD facility with expert, specifically:
22 _____

23
24 **IT IS FURTHER ORDERED:** that the attorney shall deliver to the service provider a copy of this order
before the expert service begins.

25
26 Expert Order **WILL BE SEALED** (A Motion/Order to Seal MUST accompany this Order)

27 Expert Order **WILL NOT BE SEALED**

1 Attorney is:

2 Appointed Retained Pro Bono Pro Se

3 **PRESENTED BY:**

APPROVED **DENIED**

4 s/ _____

5 Attorney for Defendant

6 Division: _____

7 Email: _____

For the Department of Public Defense
OR Trial Judge

8 Cc: _____

9 Cc: _____

10 Cc: _____

11 Telephone: _____

Date Ordered

12 Date: _____

13 **BASIS FOR DENIAL/MODIFICATION:**

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