



Wayne County Assigned Counsel Policies

Indigent Defense Services Investigators and Experts Program

Expert Request for Payment

STATE OF MICHIGAN v. Mister Client CTN #: 25555555-01

Attorney for Defendant: Generic Lawyer P - 55555

PAYEE: Dr. Expert

Mailing Address: 123 Main St., Detroit, MI 48226

Phone: 734-555-5555 Email: drexpert@gmail.com

Vendor Number:* 555555

*If Expert is not currently a vendor, or is unsure of status, contact the Investigator/Expert Program Coordinators at inv.exp.requests@waynecounty.com.

DATE AND TIME OF SERVICE	DESCRIPTION OF SERVICE PROVIDED OR EXPENSE <u>TRAVEL TIME WILL BE COMPENSATED AT ½ OF THE HOURLY RATE.</u>	HOURS	RATE	AMOUNT
11/30/2023 2:00 - 4:00 pm	Receive and review discovery, consult with attorney	2	\$200.00	\$400.00
11/30/2023 4:00 - 5:30 pm	Review client Tx records, prep for evaluation	1.5	\$200.00	\$300.00
12/1/2023 8:30 - 9:15 am	Travel from office (Detroit) to Northfield Township	.75	\$100.00	\$75.00
12/1/2023 9:15 - 10:00 am	Review video evidence with attorney	.75	\$200.00	\$150.00
12/1/2023 10:00 - 10:30 am	Travel from Northfield Township to Walled Lake	.5	\$100.00	\$50.00
12/1/2023 10:30 - 11:30 am	Conduct client evaluation	1	\$200.00	\$200.00
12/1/2023 11:30 am - 12:00 pm	Travel from Walled Lake to office (Detroit)	.5	\$100.00	\$50.00
12/4/2023 9:00 - 11:00 am	Report writing	2	\$200.00	\$400.00
	TOTALS	9		\$1,625.00

CERTIFICATION* OF HOURS AND WORK PERFORMED

By signing below, the Expert and Assigned Counsel certify that the services described above were rendered, and that none of them has been previously paid or invoiced (*revisions that are made to a request for payment after being initially submitted to the I/E Administrators must be re-certified by the expert on the lines provided below)

Dr. Expert 12/5/23
Expert Signature Date

Generic Lawyer P55555 12/6/23
Defense Attorney Signature/P-number Date
* Attorney Certification pursuant to MCR 1.109(E)(5)

*Check box only if this request for payment form has been revised after being initially submitted ☐

Expert Signature/Date of 1st Revision

Expert Signature/Date of 2nd Revision

Expert Signature/Date of 3rd Revision

TO BE COMPLETED BY PROGRAM ADMINISTRATOR

Payment for Expert Services

☐ APPROVED

TOTAL OF \$ _____

☐ DENIED

Administrator/Date

Notes:

Payment for Expert Services

Reviewed for payment - Object Account: 260-27001-803000

☐ EFT

Entered By _____ (initials) Date _____

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