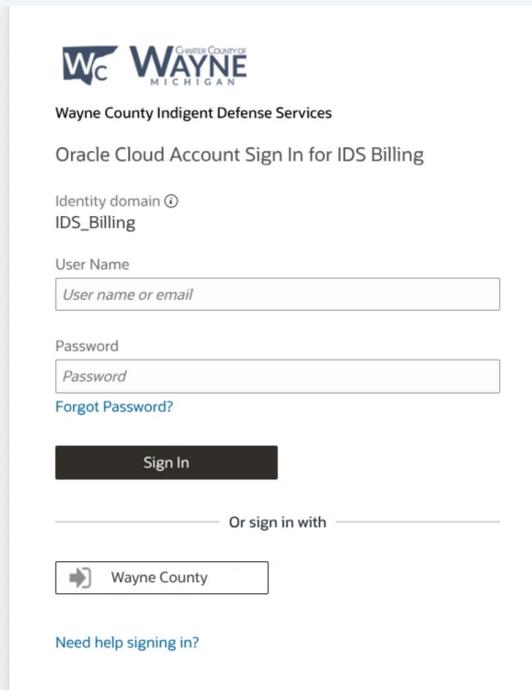


Request an Expert (Roster Attorney)

1

Navigate to [the IDSD Support Services login](#), enter your username (Bar number) and password, then click **Sign In**.



The screenshot shows the Oracle Cloud Account Sign In for IDS Billing page. At the top left is the Wayne County Michigan logo. Below it, the text reads "Wayne County Indigent Defense Services" and "Oracle Cloud Account Sign In for IDS Billing". The "Identity domain" is set to "IDS_Billing". There are input fields for "User Name" (with placeholder "User name or email") and "Password" (with placeholder "Password"). A "Forgot Password?" link is located below the password field. A black "Sign In" button is positioned below the input fields. Below the button is a separator line with the text "Or sign in with". Underneath this is a button for "Wayne County" with a right-pointing arrow icon. At the bottom, there is a link for "Need help signing in?"

2

Click the **My Open Cases** widget.

Your Open Cases Dashboard (see below) contains all cases that you have been assigned to. Please [submit a Jira ticket to IDSD IT](#) if you do not see your case present.

IDSD Support Services

Navigation

The navigation menu consists of four colored buttons with icons and labels below them:

- My Open Cases**: Blue button with a clipboard icon.
- My Assigned Requests**: Teal button with an hourglass icon.
- Closed/Denied Requests**: Dark teal button with a close icon (X).
- My IE Requests**: Green button with a grid icon.

3

Choose the case you would like to request investigator or expert services for by **clicking the pencil icon**.

☰ IDSD Support Services

My Open Cases

Q Go Actions

	Defendant Name	CTN	Tier	Request S
	IDSD Test	00000000-08	4	
	IDSD Test	00000000-13	4	
	IDSD Test	00000000-14	1	
	IDSD Test	00000000-11	4	
	IDSD Test	00000000-01	2	

4 You should now see the case details for the case you opened.

Click **Request an Investigator or Expert**.

Case Information

Case Information		Request a Social Worker/Advocate	Request an Investigator or Expert
Ctn 00000000-08	Case Title IDSD Test	Tier 4	
First Name Jane	Last Name Smith	Bar Number 43716	

5 Review IDSD's policies and procedures if needed, then select **Yes** to agree.

Welcome

Please review the investigator/expert policies of Wayne County's Indigent Defense Services Department linked below.

[Expert and Investigators - Policies and Procedures](#)

Do you agree to the policy and procedures listed above? *

Yes

No

If this is your first request, select first request. If this is a supplemental request for an investigator or expert already performing services on this cas

6 Select **Expert**.

☰ IDSD Support Services

Request Investigator and Expert Services

Do you agree to the policy and procedures listed above? *

Yes

Are you requesting an investigator or expert? *

Investigator

Investigator

Expert

Request Investigator Services

7 Select whether this is your first request for this case or if it is a supplemental request. **The following steps are for first requests** - for more information about supplemental service requests, please see the Supplemental Requests document.

Welcome

Please review the investigator/expert policies of Wayne County's Indigent Defense Services Department link

Expert and Investigators - Policies and Procedures

Do you agree to the policy and procedures listed above? *

Yes

Are you requesting an investigator or expert? *

Expert

If this is your first request, select first request. If this is a supplemental request for an investigator or expert already performing services on this case, please

First Request

First Request

Supplemental Request

- 8 If the expert you want to request is already on [IDSD's list of approved experts](#), select **Yes**. Otherwise, select **No**.

Request Expert Services

[View Listed Specialties and Experts](#)

Is the expert listed? *

*Please click on the link above to view the specialties and expert names. If your desired expert is not listed, select 'No'.



If your expert is **not listed**, please proceed to Step 21.

- 9 **If your expert is listed, click the arrow button** on this field and select their area of expertise, or if their area is not listed, you may enter it here.

☰ IDSD Support Services

🔍 43716 ▾

Request Investigator and Expert Services

Request Expert Services

Is the expert listed? *

Yes



*Please select 'Yes' to view the specialties and expert names. If your desired expert is not listed, change selection to 'No'.

Please select the area of expertise: *



Accident Reconstruction

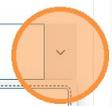
Accounting

Arson

Battered Spouse

Biomechanical Engineering

Biometric Engineering/Facial Recognition



10 Next, again **click the arrow button** and select your expert.

Request Investigator and Expert Services

Request Expert Services

Is the expert listed? *

Yes



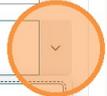
*Please select 'Yes' to view the specialties and expert names. If your desired expert is not listed, change selection to 'No'.

Please select the area of expertise: *

Arson



Please select the expert you are requesting. *



Q |

Blake, Marshaun

Marc Fennell, IAAI-CFI

Robert Trenkle

Robert Walker

Speckin Forensic Laboratories

Wagner, Michael (at Speckin)

11 Submit the number of expert hours you're requesting.

Please select the area of expertise: *

Arson

Please select the expert you are requesting. *

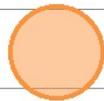
Blake, Marshaun

\$

Expert's Rate of Pay *

200.00

Requested Time (in hours) *



Please provide a detailed explanation for why an expert is necessary. *

Will this expert be traveling over 100 miles? *

12 Describe why you are requesting an expert.

Expert's Rate of Pay *
\$ 200.00

Requested Time (in hours) *
5

Please provide a detailed explanation for why an expert is necessary. *

Will this expert be traveling over 100 miles? *

Additional Email Receivers

13 Next we will look at the expert's travel circumstances.

If your expert will travel over 100 miles to provide services, select **Yes**, otherwise select **No**.

Requested Time (in hours) *
5

Please provide a detailed explanation for why an expert is necessary. *
In order to help my client.

Will this expert be traveling over 100 miles? *

- Yes
- No

Please add any additional email addresses that should be included on email updates pertaining to this request, sep field blank.

14

If you selected Yes in the previous step, submit a reason for the expert's travel as well as all relevant travel details.

Please be sure to include **origin, destination, and any travel dates**.

Will this expert be traveling over 100 miles? *

Yes



Reminder: Only fill out if you anticipate any travel related expenses. Please include origin of travel, a dates.

Reason for Travel *

Please state your travel details. *

15

Then select the type of travel expenses the investigator will incur. Choose as many as apply.

If you selected **Other**, please explain any travel expenses in detail.

Reason for Travel *

Expert lives out of state.

Airfare Mileage (for personal vehicles only)

Rental Car

Train

Other

Please select your travel expenses. *

|

Additional Email Receivers



Please add any additional email addresses that should be included on email updates pertaining to this request, sep field blank.

16

If you would like to notify another party about any updates regarding this request, please enter them here.

Note: Please ensure to separate multiple email addresses with a comma and a space as shown below.

Additional Email Receivers



Please add any additional email addresses that should be included on email updates pertaining to this request, sep field blank.

Example: "johndoe@gmail.com, janedoe@yahoo.com, ..."

Additional Email Addresses

Case Information

CTN *

00000000-08

Case Title *

IDSD Test

Defendant Name *

17 Next, complete the case information below. Required fields have been marked.

Note: Some fields will be automatically filled-in, such as the case CTN. **Please do not change these fields.** If you notice any error with this information please [raise a support ticket with IDSD IT.](#)

Case Information	
CTN * 00000000-08	Case Title * IDSD Test
Defendant Name * IDSD Test	Is the client in custody? * ▼
Top Charge Tier * Tier 4 - Non-Capital Offenses	× ▼
Circuit Case Number	Case Judge
Next Hearing Type * ▼	Next Hearing Date * 11/28/2025

18 To submit your request, click **Submit**.

	IDSD Test
	Is the client in custody? * No
	× ▼
	Case Judge Judge Jon Doe
× ▼	Next Hearing Date * 11/28/2025

Back

Submit

19 Again click **Submit**.

A screenshot of a web form with a confirmation dialog box overlaid. The form fields include: 'Case Title *' with the value 'IDSD Test'; 'Is the client in custody? *' with the value 'No'; and 'Next Hearing date *' with the value '11/28/2025'. The dialog box contains a green checkmark icon and the text 'Are you sure you've completed the entire form?'. It has two buttons: 'Cancel' and 'Submit', with the 'Submit' button circled in orange. A small 'B' is visible in the bottom right corner of the form area.

20 Upon completing your request you will be directed back to the home page, and a notification should appear confirming your request.

A screenshot of the 'IDSD Support Services' home page. At the top, there is a navigation menu with 'IDSD Support Services' and a hamburger menu icon. A green notification banner at the top right reads 'You have successfully requested for an investigator/expert!' with a close button. Below the navigation is a 'Page Navigation' section with four cards: 'My Open Cases' (blue), 'My Assigned Requests' (grey), 'Closed/Denied Requests' (teal), and 'My IE Requests' (green). Each card has an icon representing its category.



Please follow the steps below to request an expert **that is not already on [the IDSD list of approved experts](#)**.

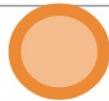
If your expert is on the list you may ignore the following steps. You may return to Step 9 for instructions regarding requesting pre-approved experts.

21 If your expert is not on the list, select **No**.

Request Expert Services

Is the expert listed? *

No



*Please select 'Yes' to view the specialties and expert names. If your desired expert is not listed, change selection to 'No'.

Is the expert out of state? *

Expert's Full Name *

Email *

22

You will now be asked to submit information about the requested expert to IDSD.

First, choose whether the expert is out of state.

Request Expert Services

Is the expert listed? *

No

*Please select 'Yes' to view the specialties and expert names. If your desired expert is not listed, change selection to 'No'.

Is the expert out of state? *

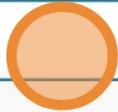
|

Yes

No

Email *

Street Address *



23

If you selected Yes in the previous step, answer whether you have consulted with IDSD to confirm that there is no qualified and available expert in Michigan.

Note: If you have not consulted as to whether there is an in-state expert, please **include in your justification why the specific out-of-state expert is necessary.**

Request Expert Services

Is the expert listed? *

No

*Please select 'Yes' to view the specialties and expert names. If your desired expert is not listed, change selection to 'No'.

Is the expert out of state? *

Yes

Have you consulted with the Administrator to confirm there is no qualified and available Michigan Expert? *

No



Reminder: If you have not consulted as to whether there is an in-state expert, please include in your justification wh

Expert's Full Name *

24

Submit the expert's contact information, including their business contact details. Required fields have been marked below.

Expert's Full Name *

Phone *

Email *

Street Address *

City *

State *

Zip *

Expert's Business Name

Business Phone

Business Email

Business Street Address

City

State

Zip

25 Submit the expert's CV/resume.

Note: The system can only accept **PDF** files.

Business Street Address

City State Zip

Please upload the expert's CV *

Select a file or drop one here.
Supported types (.pdf)
Choose File

Please select the area of expertise: *

26 Click the arrow to select the expert's area of expertise. If you do not see their area present, you may type it in instead.

City State Zip

Please upload the expert's CV *

Select a file or drop one here.
Supported types (.pdf)
Choose File

Please select the area of expertise: *

Q

- Accident Reconstruction
- Accounting
- Arson
- Battered Spouse
- Biomechanical Engineering
- Biometric Engineering/Facial Recognition

27 Submit the expert's rate. If you selected **Other**, please enter the rate below.

\$50 per hour

\$50 per hour

\$70 per hour

\$85 per hour

\$100 per hour

\$125 per hour

\$200 per hour

Other Rate

Flat Fee

Expert's requested rate of pay *
Other Rate

\$ Other Rate

28 Submit the number of hours you would like to request.

Request Investigator and Expert Services

\$ Other Rate

Requested Time (in hours) *

Please provide a detailed explanation for why an expert is necessary. *

Will this expert be traveling over 100 miles? *
Yes

29 Describe why you are requesting an expert.

Request Investigator and Expert Services

\$ Other Rate

Requested Time (in hours) *

Please provide a detailed explanation for why an expert is necessary. *

Will this expert be traveling over 100 miles? *

Yes

30 Next we will look at the expert's travel circumstances.

If your expert will travel over 100 miles to provide services, select **Yes**, otherwise select **No**.

If you selected **No**, proceed to step 60.

Requested Time (in hours) *

5

Please provide a detailed explanation for why an expert is necessary. *

In order to help my client.

Will this expert be traveling over 100 miles? *

Yes

No

 Please add any additional email addresses that should be included on email updates pertaining to this request, sep field blank.

31 If you selected **Yes**, please enter the reason for the expert's travel.

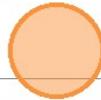
Will this expert be traveling over 100 miles? *

Yes



Reminder: Only fill out if you anticipate any travel related expenses. Please include origin of travel, all destinations dates.

Reason for Travel *



Please state your travel details. *

Please select your travel expenses. *

32 Describe the travel in as much detail as possible. **Please ensure to include anticipated origin, destination, and travel dates.**



Reminder: Only fill out if you anticipate any travel related expenses. Please include origin of travel, all destinations dates.

Reason for Travel *

Expert lives out of state.

Please state your travel details. *

Traveling from Cleveland, OH to Detroit, MI.



Please select your travel expenses. *

Additional Email Receivers

33

Select the type of expected travel expenses. Choose as many as apply.

Reason for Travel *

Expert lives out of state.

- Airfare Mileage (for personal vehicles only)
- Rental Car
- Train
- Other

Please select your travel expenses. *

|

Additional Email Receivers



Please add any additional email addresses that should be included on email updates pertaining to this request, sep field blank.

34

If you would like to notify another party about any updates regarding this request, please enter them here.

Note: Please ensure to separate multiple email addresses with a comma and a space as shown below.

Additional Email Receivers

 Please add any additional email addresses that should be included on email updates pertaining to this request, sep field blank.
Example: "johndoe@gmail.com, janedoe@yahoo.com, ..."

Additional Email Addresses

Case Information

CTN * 00000000-08	Case Title * IDSD Test
Defendant Name *	

35

Next, complete the case information below. Required fields have been marked.

Note: Some fields will be automatically filled-in. **Please do not change these fields.** If you notice any error with this information please [raise a support ticket with IDSD IT](#).

Case Information

CTN * 00000000-08	Case Title * IDSD Test
Defendant Name * IDSD Test	Is the client in custody? *
Top Charge Tier * Tier 4 - Non-Capital Offenses	
Circuit Case Number	Case Judge
Next Hearing Type *	Next Hearing Date *

36 To submit your request, click **Submit**.

IDSD Test

Is the client in custody? *
No

Case Judge
Judge Jon Doe

Next Hearing Date *
11/28/2025

Back Submit

37 Again click **Submit**.

Case Title *
IDSD Test

Is the client in custody? *
No

Are you sure you've completed the entire form?

Cancel Submit

Next Hearing date *
11/28/2025

38

Upon completing your request you will be directed back to the home page, and a notification should appear confirming your request.

