

OAKLAND COUNTY INDIGENT DEFENSE SERVICES OFFICE

REQUEST FOR APPOINTMENT OF EXPERT WITNESS

Defendant Information

Defendant's Name:

Principal Charge:

Brief description of allegations:

Case Information

PO #:

IDSO Appointment ID:

Judge:

Court Location:

Next Event Type:

Next Event Date and Time:

Attorney Information

Attorney Name:

Attorney P-Number:

Expert Information

Expert's Name:

Expert's Website:

Expert's Phone:

Expert's Email:

Has the Expert been qualified as an expert by a court of record in the State of Michigan? (If yes, list the most recent case):

Has the Prosecuting Attorney notified you that it intends to use an expert witness, or do you have a reasonable belief that the Prosecutor will use an expert? (If yes, list the applicable areas of expertise):

Requested hourly rate:

(Refer to the [MIDC Guidance](#) if there are questions about approved hourly rates):

Number of hours Expert will be needed:

Total amount of money requested:

How do you intend to use this Expert in this case? (List all anticipated services, how those services will help your defense, and why you believe it would be fundamentally unfair if this request was denied)

The attorney must do all of the following. Your signature on this form certifies that you understand these requirements:

1. Ensure that the expert is a registered vendor with Oakland County. If the expert is not a registered vendor, the attorney must ensure that the expert submits the [vendor registration packet](#).
2. Receive **written** confirmation from the expert that they will submit an itemized invoice to the IDSO within 30 days of completion of work. **The case does not need to be completed for the expert to invoice. Just the expert's work on the case.**
3. Provide written notice to the IDSO if the expert's services are no longer needed, to allow the IDSO to remove the case as a financial liability from its tracking spreadsheet.

Attorney Signature

Date

Date Transmitted to Indigent Defense Services Office: _____

Send this form electronically to ids@oakgov.com AND mennap@oakgov.com

INDIGENT DEFENSE SERVICES OFFICE REVIEW

Defendant Name

Expert Name

Attorney Name

Review Decision:

Approved as Requested

Amount Approved:

Approved with Modifications

Amount Approved:

Denied

Reasons for Modification or Denial:

Chief Attorney – Indigent Defense Services Office

Date

Date Transmitted to Defendant's attorney:

ANY APPROVAL IS CONDITIONED UPON THE ATTORNEY AND THE EXPERT COMPLYING WITH THE THREE LISTED REQUIREMENTS ON PAGE 2 OF THIS FORM.

The standing order allowing appointed experts access to the Oakland County Jail is available [here](#). Please note that this order does not, on its own, permit an expert to bring electronic devices into the jail. You must obtain a separate order from the assigned Judge for this purpose.

IF YOUR REQUEST WAS DENIED OR APPROVED WITH MODIFICATIONS, YOU MAY APPEAL THE DECISION OF THE CHIEF ATTORNEY TO THE CRIMINAL ASSIGNMENT COMMITTEE. YOU MUST FILE A WRITTEN REQUEST TO APPEAL WITH THE CHIEF ATTORNEY. THE CRIMINAL ASSIGNMENT COMMITTEE WILL SCHEDULE A MEETING TO HEAR YOUR APPEAL WITHIN 10 DAYS AFTER RECEIVING YOUR WRITTEN APPEAL REQUEST.