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5 IN THE SUPERIOR COURT FOR THE STATE OF WASHINGTON
6 KING COUNTY

7 STATE OF WASHINGTON

8 Plaintiff

9 v.

10 _____,
11 AKA _____,

12 Defendant
13

NO. _____

ORDER ON EXPERT SERVICES AT PUBLIC
EXPENSE

(ORES)

14
15 **THIS MATTER** comes before the undersigned authorized representative of the Department of Public
16 Defense (DPD) on behalf of the defendant, through counsel of record, _____,
17 for expert services necessary to an adequate defense in this case to be performed at public expense. The
18 services requested are for:

19 Mental Health Evaluation:

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

21 Crime Scene/Evidence Analysis:

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

25 Medical/Toxicology:

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

Case Support:

- | | | |
|--|---|--|
| <input type="checkbox"/> Admin. Support | <input type="checkbox"/> Paralegal | <input type="checkbox"/> Investigation |
| <input type="checkbox"/> Mitigation Specialist | <input type="checkbox"/> Mitigation Video | <input type="checkbox"/> Records |
| <input type="checkbox"/> Pro Se Supplies | <input type="checkbox"/> Pro Se Phone Account | <input type="checkbox"/> Jury Consultant |

Interpretation/Translation:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Interpretation | <input type="checkbox"/> Translation |
|---|--------------------------------------|

Deposition/Transcription:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Deposition | <input type="checkbox"/> 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 his or her work on the case that is not in preparation for trial testimony or time spent testifying in a hearing or trial. Under the “trial preparation/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 an additional \$800 that is reimbursable by DSHS is attached
ii. The maximum number of hours approved is _____. The maximum amount approved for payment by DPD is (If \$800 is reimbursable by DSHS, \$800 is subtracted from the total listed here).

Total Amount for General Hours: \$ _____

- 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: \$ _____

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

☐ Airfare \$ _____ ☐ Meals/Per Diem \$ _____

☐ Ground Transportation \$ _____ ☐ Parking/Mileage \$ _____

☐ Hotel \$ _____ ☐ Other Items \$ _____ Specify: _____

Total Travel Expenses: \$ _____

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: \$ _____

4. **Miscellaneous Expenses:** _____

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

Total Miscellaneous Expenses: \$ _____

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

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:

For the Department of Public Defense

Cc:

OR Trial Judge

Cc:

Cc:

Telephone: _____

Date Ordered

Date:

BASIS FOR DENIAL/MODIFICATION:

ORDER ON EXPERT SERVICES AT PUBLIC EXPENSE
REV 10/2022

Page 4 of 4 Pages

Firm Name
Address
Phone Number