



# OKLAHOMA INDIGENT DEFENSE SYSTEM

## APPLICATION AND SCHEDULE OF FEES FOR EXPERT SERVICES

P.O. Box 926 ! Norman, Oklahoma 73070-0926 ! (405) 801-2601 ! FAX (405) 801-2649

Name: \_\_\_\_\_

Name of Billing Entity: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Specialties and/or Areas of Professional Competence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### I. Professional Licensure and/or Certification

Professional Licensing Authority: \_\_\_\_\_

License or Certification Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

*(Current legible copy of license must be attached)*

A. State whether you have been suspended, reprimanded, or otherwise disciplined by the licensing or certification authority.

If yes, give full details by attachment to this application.

Yes  No

B. Do you now have any charges or complaints pending against you in any jurisdiction that could result in the filing of any disciplinary action by the licensing or certification authority?

If yes, give full details by attachment to this application.

Yes  No

C. I agree that I will immediately notify the Oklahoma Indigent Defense System of any reasons which would render me unfit to provide expert services to the agency.

Yes  No



# OKLAHOMA INDIGENT DEFENSE SYSTEM

## APPLICATION AND SCHEDULE OF FEES FOR EXPERT SERVICES

P.O. Box 926 ! Norman, Oklahoma 73070-0926 ! (405) 801-2601 ! FAX (405) 801-2649

### II. Prior Service as Expert Witness in Court Proceedings

Identify any legal proceedings in which you have provided sworn testimony as an expert witness within the previous three (3) years, setting forth the style of the case (including the case number, county and state) and the identity of counsel who hired you in that case (including the name, address and telephone number):

---

---

---

---

---

---

---

---

*(Attach additional sheets if necessary)*

### III. Schedule of Fees

Deviation from the fees set out herein must have the prior written approval of the Executive Director of the Oklahoma Indigent Defense System, pursuant to 22 O.S. § 1355.4(D)(1). Check appropriate services where applicable.

Service Provided	Cost/Hourly Rate
<input type="checkbox"/> Evaluation or Testing ( <i>Describe service</i> ):	
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
<input type="checkbox"/> Document Review	_____
<input type="checkbox"/> Written Report	_____
<input type="checkbox"/> Consultation	_____
<input type="checkbox"/> Interview	_____
<input type="checkbox"/> Testimony Time	_____
<input type="checkbox"/> Travel Time	_____
<input type="checkbox"/> Interpreter/Translator	_____
<input type="checkbox"/> Other:	_____
_____	_____



# OKLAHOMA INDIGENT DEFENSE SYSTEM

## APPLICATION AND SCHEDULE OF FEES FOR EXPERT SERVICES

P.O. Box 926 ! Norman, Oklahoma 73070-0926 ! (405) 801-2601 ! FAX (405) 801-2649

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*MAIL TO THE ATTENTION OF:*

*JESSICA ADAMS  
EXECUTIVE SECRETARY  
OKLAHOMA INDIGENT DEFENSE  
SYSTEM  
P.O. BOX 926  
NORMAN, OK 70370-0926*

(For internal use only)

**Rcvd** \_\_\_\_\_

CV \_\_\_\_\_

Lic \_\_\_\_\_

Lic \_\_\_\_\_

\_\_\_\_\_

*(Form Revised 2/1/06)*