



# 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SSN or FEI: \_\_\_\_\_

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

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

Specialties and/or Areas of Professional Competence:

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

### I. Professional Licensure and/or Certification (where applicable or required)

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 N/A

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 N/A



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### 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):

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*(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/Flat Fee or Hourly Rate
Evaluation or Testing <i>(Describe service):</i>	
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
Document Review/Research	_____
Written Report	_____
Consultation/Preparation	_____
Interview	_____
Testimony Time	_____
Travel Time	_____
Interpreter/Translator	_____
Other:	
_____	_____



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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

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

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

*MAIL TO THE ATTENTION OF:*

*ANGIE L. COLE - COCKINGS  
Deputy Executive Director  
OKLAHOMA INDIGENT DEFENSE  
SYSTEM  
P.O. BOX 926  
NORMAN, OK 73070-0926*

(For internal use only)

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

CV \_\_\_\_\_

Lic \_\_\_\_\_

Lic \_\_\_\_\_

\_\_\_\_\_

*(Form Revised 11/26/08)*