Print Form

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):

_____

_____

_____

_____

_____

_____

_____

(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 *(Describe service)*:	
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
☐ Document Review/Research	_____
☐ Written Report	_____
☐ Consultation/Preparation	_____
☐ Interview	_____
☐ Testimony Time	_____
☐ Travel Time	_____
☐ Interpreter/Translator	_____
☐ Other:	
_____	_____

Curriculum Vitae or Résumé must be attached

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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 COLE
Personnel Officer
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