



**MACOMB COUNTY INDIGENT REQUEST FOR FUNDS - EXPERT**

**1. Case information**

**PD number:** \_\_\_\_\_

Case info: People vs. \_\_\_\_\_  
*Case number*

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*Charges* \_\_\_\_\_ *Court* \_\_\_\_\_

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*Judge* \_\_\_\_\_ *Next court date* \_\_\_\_\_

Attorney info: \_\_\_\_\_

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*Attorney name* \_\_\_\_\_ *Bar number* \_\_\_\_\_

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*Attorney address* \_\_\_\_\_ *Phone number* \_\_\_\_\_

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*Attorney email* \_\_\_\_\_ Appointed Retained  
*If retained attach completed/signed MC222*

**2. I am requesting funds for an expert:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Interpreter/translator                | <input type="checkbox"/> Voice/audio expert           | <input type="checkbox"/> Documents examiner                   |
| <input type="checkbox"/> Psychiatrist                          | <input type="checkbox"/> Polygraph                    | <input type="checkbox"/> Immigration                          |
| <input type="checkbox"/> Psychologist                          | <input type="checkbox"/> Fingerprints                 | <input type="checkbox"/> Litigation support (help cross, etc) |
| <input type="checkbox"/> DNA analysis                          | <input type="checkbox"/> Weapons/firearms/explosives  | <input type="checkbox"/> Jury consultant                      |
| <input type="checkbox"/> Pathologist/Medical examiner          | <input type="checkbox"/> Ballistics                   | <input type="checkbox"/> Mitigation specialist                |
| <input type="checkbox"/> Chemist/Toxicologist                  | <input type="checkbox"/> Cell phone/tower expert      | <input type="checkbox"/> Duplication services                 |
| <input type="checkbox"/> Hair/fiber expert                     | <input type="checkbox"/> Computer (hardware/software) | <input type="checkbox"/> Research unfamiliar area             |
| <input type="checkbox"/> Substance abuse assessment            | <input type="checkbox"/> Computer (forensics)         | <input type="checkbox"/> Accident reconstruction              |
| <input type="checkbox"/> Other medical( <i>specify</i> ) _____ | <input type="checkbox"/> Accountant                   | <input type="checkbox"/> Other ( <i>specify</i> ) _____       |

**3. I seek a professional with expertise in the above specialties because:**

*(Detailed description—attach additional pages if necessary)*

**4. Brief description of the factual allegations/charges in the case:**

**5. State how the expert will assist with the defense:**

**6. State how the expert will assist in explaining evidence:**

**7. State how denial of the expert will result in a fundamentally unfair trial:**

**8. Expert info** *(Expert's CV MUST be attached)*

Name of proposed expert:		
Address:	Phone:	Email:
Type of service:	Estimated time:	Hourly rate:
Type of service:	Estimated time:	Hourly rate:
Type of service:	Estimated time:	Hourly rate:
Total projected hours:		Total projected cost:

*NOTE: Travel expense, access fees, copy fees & other expenses are not approved on this form. Any request for such fees/expenses must be separately requested & approved in advance or they will not be paid.*

I declare that all the information contained above is true and accurate.

**DATE:** \_\_\_\_\_

**ATTORNEY SIGNATURE:** \_\_\_\_\_

Submit form & any follow-up to: [publicdefender@macombgov.org](mailto:publicdefender@macombgov.org)

**FOR ADMINISTRATIVE USE ONLY**

Review date: \_\_\_\_\_

Approve/modify     Denied

Reason for denial/modification: \_\_\_\_\_

Amount authorized: \_\_\_\_\_ Fund code: \_\_\_\_\_

Administrator signature: \_\_\_\_\_