Macomb County Office of Public Defender
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Mount Clemens, MI 48043
Office: 586-466-8311 Fax: 586-466-8310
Email: publicdefender@macombgov.org

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MACOMB COUNTY INDIGENT REQUEST FOR FUNDS—EXPERT

THIS IS A FILLABLE FORM. TYPE OUT ALL SECTIONS COMPLETELY. FAILURE TO COMPLY WILL CAUSE DELAYS.

1. Case information

PD number: _____

People vs._____ Court case number:_____

Charges: _____ Court: _____

Judge: _____ Next court date:_____

Attorney:_____ Bar number:_____

Address:_____ Phone number:_____

Email:_____ Appointed ☐ Retained ☐

If retained, attach Order of Indigency

2. I am requesting funds for an expert in the following areas:

☐ Gun charge assessment	☐ Voice/audio expert	☐ Documents examiner
☐ Substance abuse assessment	☐ Polygraph	☐ Immigration
☐ Psychiatrist	☐ Fingerprints	☐ Litigation support
☐ Psychologist	☐ Weapons/firearms/explosives	☐ Jury consultant
☐ DNA anaylsis	☐ Ballistics	☐ Mitigation specialist
☐ Pathologist/medical examiner	☐ Cell phone/tower expert	☐ Duplication services
☐ Chemist/Toxicologist	☐ Computer (forensics)	☐ Research unfamiiar area
☐ Hair/fiber expert	☐ Computer (hardware/software)	☐ Accident reconstruction
☐ Other medical *(specify)*_____	☐ Accountant	☐ Other *(specify)*_____

3. I seek funds for a professional with expertise in the above specialities 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 information:

Expert name: _____ Phone number: _____

Address: _____ Email: _____

9. Expert estimate:

Type of service: _____ Estimated time: _____ Hourly rate: Choose one

Type of service: _____ Estimated time: _____

Type of service: _____ Estimated time: _____

Total projected hours: 0.00 Total projected cost: $0.00

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 I contacted the proposed expert about their rate and estimated time and that all the information provided above is true and accurate.

DATE: _____ **ATTORNEY SIGNATURE:** _____

Submit form and any follow-up to publicdefender@macombgov.org

MUST SUBMIT EXPERT'S CV WITH REQUEST AND IF RETAINED, THE ORDER OF INDIGENCY.

FOR ADMINISTRATIVE USE ONLY

Review date: _____

☐ Approve/modify ☐ Denied

Reason for denial/modification: _____

Amount authorized: _____

Administrator signature: _____