

**LAW GUARDIAN EXPERT WITNESS FORM**

PLEASE PRINT ALL INFORMATION

To:

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From:

**NAME OF CHILD(ren):**

**County:**

**File No.**

**Docket #:**

**Title 9**

**Title 30**

**Kinship**

**DATE:**

**ATTORNEY:**

**PHONE #:**

**STAFF**

**PER DIEM**

**POOL**

**PRO BONO**

**NAME OF EXPERT:**

**AREA OF EXPERTISE:**

**C.V. ON FILE:** YES  NO

(If not, please provide)

**ADDRESS:**

**PHONE:**

**HOURLY RATE:**

**TYPE OF EVALUATION:** Substance Abuse  Psychological  Bonding   
Psychiatric  Other

**HOURS REQUIRED:** If psychological, number of people to be evaluated

**RATE FOR 1/2 DAY IN COURT:**

**DAY IN COURT:**

**TOTAL ESTIMATED OR ACTUAL COST:**

1. Expert may bill a ceiling limit of 8 billable hours per day. Of the 8 billable hours per day, no more than six hours may be billed for In-Court testimony.

2. Expert shall provide itemized bill containing a list of daily services provided. Daily services provided must be detailed and listed in chronological date order.

**REASON FOR USE OF EXPERT AND THEORY OF ADMISSIBILITY:**

**DOES EXPERT'S FEE INCLUDE REPORT?** YES  NO

**DOES EXPERT'S FEE INCLUDE ANY TESTIMONY?** YES  NO

(If not, what is the additional fee?)

**TERMINATION OF PARENTAL RIGHTS CASE:** YES  NO

**PRELIMINARY APPROVAL BY:**

**DATE:**

**HEADQUARTERS APPROVAL BY:**

**DATE:**

**REMARKS:**