COURT APPOINTMENT FORENSIC EVALUATION
EXTRAORDINARY SERVICES
REQUEST FOR ADDITIONAL FUNDS PRIOR TO THE PERFORMANCE OF SERVICES

Doctor's Name: _____

Defendant/Minor Full Name: _____

Case Number: _____

Type of Proceeding : (Must Select One)

☐ Adult PC1368/1369	☐ Adult PC1026/1027	☐ Adult W&I 6605
☐ Adult EC 1017	☐ Adult PC 288.1	☐ Juvenile Competency Report
☐ Juvenile EC 1017	☐ Juvenile WIC 702.3(d)	☐ Other: _____

Justification for request:
Please be sure to explain how the circumstances of this evaluation are unusual.
If you performed extraordinary services prior to obtaining approval, Provide a detailed explanation as to why prior approval could not be obtained.

Date of Interview: _____ Pages Reviewed: _____ Number of hours worked: _____

Requested Amount of Additional Payment in addition to Standard Fee Schedule amount

_____ Additional Hours	**X**	$_____ Hourly Rate ($125)	**=**	$0.00 Additional Amount Requested

I hereby declare under penalty of perjury that to the best of my knowledge the foregoing information is true and accurate in every respect.

_____ Date

_____ Doctor's Signature

Mailing Address: _____

_____

Phone #: _____

NOTE: Copy of this form (CR-6080) must be attached with the compensation claim form (CR-6079)

Order of Court

☐ Approved
☐ Denied
☐ Other: _____

Dated: _____

_____ Judicial Officer of the Superior Court