

**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**

_____	X	\$ _____	=	\$ _____
Additional Hours		Hourly Rate (\$125)		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