



**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA  
COURT APPOINTMENT FORENSIC EVALUATION  
COMPENSATION CLAIM FORM AND SUPPORTING AFFIDAVIT**

Doctor's Name: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

Defendant/Minor Full Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Type of Proceeding:  Adult PC1368/1369     Adult PC1026/1027     Adult W&I 6605  
 Adult EC1017\*     Adult PC 288.1     Juvenile Competency Report  
 Juvenile WIC 702.3 (d)     Juvenile EC1017\*     Other: \_\_\_\_\_

\*EC 1017 Report: Date report submitted to Defense Counsel: \_\_\_\_\_

**Evaluation Interview**

Date of Interview: \_\_\_\_\_ Duration of Interview: \_\_\_\_\_ Pages Reviewed: \_\_\_\_\_

Preparation for Interview:

**Testing**

Amount of Testing:  No Testing     1 hour     2 hours

Types of Test(s) Administered:

**Fee Calculation**

Basic Evaluation and Report Fee (first two hours) \$750 or EC 1017 \$500: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Review/Testing (two hours maximum) @ \$125/hour: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Pre-approved additional funding (*Attach approved request form CR-6080*) (If Request for additional funds not attached it will delay payment)

Testimony time Dept. #

Testimony date(s): \_\_\_\_\_ @ \$250/ half-day and/or \$425/ full day \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Compensation 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

\_\_\_\_\_ Evaluator's Signature

\_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Phone#: \_\_\_\_\_

**FOR COURT USE ONLY**

I acknowledge receipt of the report or appointment under EC 1017 and the services are rendered as requested.

Approved by: \_\_\_\_\_ Dated: \_\_\_\_\_  
Asst. Director/Juvenile Supervisor