

**MEMORANDUM REQUEST FOR EXPERT SERVICES
IN EXCESS OF STATUTORY MAXIMUM**

TO: Honorable Judge _____

FROM: _____ DATE: _____

CASE NAME: _____ CASE NUMBER: _____

It is requested that advance authorization be granted to obtain services in an amount in excess of the maximum allowed under the provisions of subsection (e)(3) of the Criminal Justice Act, 18 U.S.C. § 3006A as follows:

PROPOSED EXPERT:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

TYPE OF EXPERT:

- | | |
|--|---|
| <input type="checkbox"/> Investigator | <input type="checkbox"/> Other Medical Expert |
| <input type="checkbox"/> Interpreter / Translator | <input type="checkbox"/> Voice / Audio Analyst |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Hair / Fiber Expert |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Computer (Hardware/Software/Systems) |
| <input type="checkbox"/> Polygraph Examiner | <input type="checkbox"/> Paralegal Services |
| <input type="checkbox"/> Documents Examiner | <input type="checkbox"/> Legal Analyst / Consultant |
| <input type="checkbox"/> Fingerprint Analyst | <input type="checkbox"/> Jury Consultant |
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Mitigation Specialist |
| <input type="checkbox"/> Chemist / Toxicologist | <input type="checkbox"/> Duplication Services |
| <input type="checkbox"/> Ballistics Expert | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Weapons / Firearms / Explosive Expert | _____ |
| <input type="checkbox"/> Pathologist / Medical Examiner | |

PROCEEDING FOR WHICH EXPERT REQUESTED:

- Pretrial Trial Sentencing Other

DESCRIPTION OF REQUESTED SERVICE: _____

TOTAL ESTIMATE OF FEES AND EXPENSES:

- Hourly Rate of \$ _____ x _____ Estimated Hours = \$ _____
- Fixed Fee Estimated \$ _____
- Daily Rate of \$ _____ x _____ Estimated Hours = \$ _____

EXPENSES:

- Mileage (estimate) _____ miles x \$ _____ = \$ _____
- Other _____

-
1. Completed form must be attached to the Motion for Expert Services and proposed Order.
 2. After receiving approval, send Statement of Work for Expert Services and signed Order to expert, requesting expert sign, date and return to you. File Statement of Work under Seal with court.

Attorney name and Bar Number
Attorney for Defendant
Address
City, State, Zip
Telephone
Facsimile
E-Mail

IN THE UNITED STATES DISTRICT COURT
DISTRICT OF UTAH, CENTRAL DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

v.

(Defendant),

Defendant.

**SEALED EX PARTE APPLICATION
FOR AUTHORITY TO RETAIN
(TYPE OF EXPERT)
AT GOVERNMENT EXPENSE IN
EXCESS OF STATUTORY MAXIMUM**

Case No. (Case Number)

Judge

The Defendant, (Name of Defendant), by and through his attorney of record, (Attorney Name), hereby moves the court pursuant to 18 U.S.C. §3006A(e)(3) for authority to retain (type of expert) at Government expense.

[Nature of the Case and Charges]

[Narrative Description of Requested Expert Services]

Counsel further requests payment in excess of the statutory maximum based on the contained in the attached Memorandum Request for Expert Services.

[Narrative Description of Reason for Request to Exceed Statutory Maximum]

For the reasons set forth herein, the Defendant respectfully moves the Court for an Order allowing (type of expert) services in excess of the statutory maximum of \$2,400.00 but

shall not exceed \$ _____, exclusive of travel costs and expenses, all subject to reasonableness and final review by the Court.

DATED this _____ day of _____, 20__.

Attorney Name