

Invoice Date: \_\_\_\_\_

Invoice No: \_\_\_\_\_

Court District: \_\_\_\_\_ Case Number \_\_\_\_\_

Degree/Certification of Expert: (Please check one)

EXPERT	CONSULT OR PREP HOURLY RATE	COURT APPEARANCE HOURLY RATE	CHECK ONE
M.D.	\$105.00 per hour	\$135.00 per hour	
Ph D.	\$90.00 per hour	\$120.00 per hour	
M.D. Specialist including Psychiatrist	\$120.00 per hour	\$150.00 per hour	
Master's Level including LISW, LPCC	\$65.00 per hour	\$90.00 per hour	

**\*\*Maximum of \$2000.00\*\***

Itemization of Time:

Date of Activity	Description of Activity/Service	Time Related to Consult or Prep	Time Related to Court Appearance
<b>Sub Total Hours</b>		<b>A)</b>	<b>B)</b>

A) \_\_\_\_\_ (Hours) X \$ \_\_\_\_\_ (Hourly Rate from table above) = \$ \_\_\_\_\_

B) \_\_\_\_\_ (Hours) X \$ \_\_\_\_\_ (Hourly Rate from table above) = \$ \_\_\_\_\_

**TOTAL INVOICE AMOUNT REQUESTED \$ \_\_\_\_\_**

\_\_\_\_\_ Expert Signature Date \_\_\_\_\_

\_\_\_\_\_ Contract Attorney Signature Date \_\_\_\_\_