



ORANGE COUNTY OFFICE OF ASSIGNED COUNSEL

Panel Attorney Expert Services Project

Expert Request for Payment

Expert Name:

Attorney:

Case:

Date:

1. The services briefly described below were performed by me or under my direction. I have attached documentation which provides for the time and dates in which these services were performed.
2. The following expenses briefly described below were incurred for the aforementioned services (if any):
3. No reimbursement or compensation has been received for these services from any source and no payment or promise of payment has been made for said services except:

The amount requested represents the fair and reasonable value of said services.

Print Name

Sign Name

Date:

Please Attach: 1) Timesheet Detailing Services and 2) Affirmation of Expert to this Form.

Remit by E-Mail to: OAC@OrangeCountyGov.com (pdfs ONLY, please)

For OAC use: