

**COURT APPOINTMENT FORENSIC EVALUATION
EXTRAORDINARY SERVICES
REQUEST FOR ADDITIONAL FUNDS PRIOR TO THE
PERFORMANCE OF SERVICES**

FILED

DATED: _____
David H. Yamasaki
Chief Executive Officer/Clerk
Superior Court of California
County of Santa Clara

By: _____
Deputy Clerk

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 (\$85 PhD/\$95 MD)		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