



Expert Approval Packet

ASSIGNED COUNSEL PROGRAM 5110

Michelle Parker, Executive Director/Chief Defender

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EXPERT/INVESTIGATOR ESTIMATE OF COSTS AND SCOPE OF WORK

To:

From: Michelle Parker, Executive Director/Chief Defender (by: {User Initials})

Re: Index/Docket No.:
Client: ACP Case No
Expert Services Estimate of Costs/Scope of Work: _____ (Expert or Investigator Name)

Date:

I _____, HAVE AGREED TO PROVIDE THE FOLLOWING SERVICE TO
IN CONNECTION WITH Case ID#:

SCOPE OF WORK:

ESTIMATE OF COSTS: # Hours _____ Billed at \$ _____ /hr TOTAL:\$ _____

I understand that these costs are only an estimate and same may be higher or lower at the conclusion of the case based upon currently unforeseeable factors.

I agree that upon conclusion of this matter, I will remit to the Erie County Assigned Counsel Program either an Erie County Assigned Counsel Program "Expert/Investigator Voucher" or my own form which sets forth the total hours billed (in .1 hour increments), and a detailed, date specific summary of all work performed in this matter. I will further sign and return an "Expert/Investigator Verification Form" attesting to the accuracy of my submissions. I understand that payment shall not be made until these documents are received by the Erie County Assigned Counsel Program.

DATE:

Print Name - Expert or Investigator

Signature