**(REVISED 7.30.2015)**

**REQUEST FOR EXPERT/CONSULTING SERVICES**

**THIS FORM MUST BE COMPLETED BY ATTORNEY AND APPROVED BY TPA**

**EXAMINER AND SUPERVISOR PRIOR TO ANY SERVICES BEING RENDERED.**

Request Date:                                       Type of Expert/Consultant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claimant Name:

ORM Claim #:                                             TPA Claim #\_\_\_\_                                   \_\_

Anticipated Engagement Date:                            Anticipated Costs: $         \_ \_\_\_

Name of Expert/Consultant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name:

Address:

City and State:

Phone: (          )                               E-Mail:

Hourly rate: $                   Tax I.D./Social Security number:                          \_\_\_\_\_\_\_

**The following items must be attached to this form: Fee Schedule, Curriculum Vitae, and W-9.**

**COST BENEFIT ANALYSIS**

Why is expert needed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected cost to State if these services are not provided: $                      \_\_\_\_\_\_\_\_\_\_\_\_

Description of costs to State if these services are not provided:

**SCOPE OF SERVICES: (detailed description of all services that expert will provide**)

                                                          \_\_\_\_\_\_\_\_\_\_                                                   \_

Signature of Assigned Defense Attorney/Firm Name/Email Address

**TPA APPROVAL:**

**EFFECTIVE START DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_APPROVED BUDGET CAP:$\_\_\_\_\_\_\_\_\_\_\_**

                                                                          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examiner Approval (signature)/Date/Phone Supervisor Approval/Date/Phone