

## **Office of the Child's Representative**

### **Billing Guidelines for Experts**

- The OCR will pay for experts only in limited circumstances with prior approval.
- CJD 12-03 governs payment of expert witnesses and professionals conducting mental health evaluations.
  - The state maximum hourly fee payable to an expert is \$100 for reasonable preparation time and in-court testimony.
  - Fees for travel time and/or time spent waiting as a result of a delay in the scheduled appearance may be paid at \$50/hour, not to exceed six hours.
  - The maximum total fee is \$1000 if the expert does not testify and \$1500 if the expert does testify.
  - Expenses incurred by the expert must be pre-approved by the OCR. In the absence of extraordinary circumstances, expert witnesses shall not be compensate or reimbursed for food or lodging.
  - An attorney may request OCR's approval of amounts in excess of the hourly and maximum fees based on extenuating circumstances and disclosure of the total anticipated fee.
- The courts do not have jurisdiction to order the OCR to pay expert fees.
- OCR pays the expert directly.
  - The expert must use the "Request for Payment for Services as Expert Witness and/or Conducting Mental Health Evaluation" form to request payment. The form is Attachment A to CJD 12-03 and can be found at:  
[https://www.courts.state.co.us/Courts/Supreme\\_Court/cjds/index.cfm](https://www.courts.state.co.us/Courts/Supreme_Court/cjds/index.cfm)
  - The expert must include a copy of his/her W9 with the request for payment. A blank W9 form can be found on the OCR's website at:  
<http://www.coloradochildrep.org/attorney-center/billing/>
  - The expert must submit his/her request for payment to the OCR within 90 days of the date of service. The expert's failure to timely submit requests for payment will result in non-payment unless the OCR determines that extenuating circumstances justify an exception to the 90 day rule.
- The OCR does *not* pay for custody evaluations, services or treatment.

**REQUEST FOR PAYMENT FOR  
 SERVING AS EXPERT WITNESS AND/OR CONDUCTING MENTAL HEALTH EVALUATION, SANITY EVALUATION,  
 OR COMPETENCY EVALUATION**

(This form is to be used for payment requests pursuant to Chief Justice Directive 12-03. Copies of any applicable court orders and supporting documents shall be attached to this request for payment.)

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Court: \_\_\_\_\_

Type of Evaluation Performed (sanity, competency, or other): \_\_\_\_\_

Expert Witness or Mental Health Evaluator Full Name: \_\_\_\_\_

Degree or Certification: \_\_\_\_\_

Business Full Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Last 4 digits of Social Security No. xxx-xx-\_\_\_\_\_ OR Federal Tax ID Number \_\_\_\_\_

A completed W-9 form containing the payee's Tax Identification Number (Social Security Number or Federal Employer Tax Identification Number) must be on file before a payment will be processed. If the payee has not previously received payment from the State of Colorado Judicial Department, a W-9 form must be completed, including the payee's signature, and attached to this form along with required billing documentation. A W-9 form can be accessed and printed from the following web site:

[http://www.courts.state.co.us/userfiles/File/Administration/Financial\\_Services/W9\\_Vendors.pdf](http://www.courts.state.co.us/userfiles/File/Administration/Financial_Services/W9_Vendors.pdf)

**ITEMIZATION OF TIME: (Attach additional pages, if needed.)**

*IMPORTANT: Do not report the same hours in more than one column. Separate the hours in either (a) or (b) or (c), as applicable. Report fractional hours in decimals. (Example: 6 minutes = 0.10 hour)*

Date of Activity	Description of Activity: Specify the activity you performed and note whether you were in court on a given date. <i>DO NOT include travel time in this table.</i>	a) Time related to conducting Exam or Eval.	b) Time related to serving as Expert Witness	c) Time waiting at Court Appearance
	<b>SUB-TOTAL HOURS</b>	a)	b)	c)

**Fees:**

Work at full hourly rate: \$ \_\_\_\_\_ X \_\_\_\_\_ Hours ( a + b ) = \$ \_\_\_\_\_

In-Court Waiting Time: (50% fee allowed) \$ \_\_\_\_\_ X \_\_\_\_\_ Hours (c) = \$ \_\_\_\_\_

Travel time (50% fee allowed): \$ \_\_\_\_\_ X \_\_\_\_\_ Hours = \$ \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_

**Total Hourly Fees** \$ \_\_\_\_\_

**Expenses: (ONLY if pre-approved by the court for extraordinary circumstances.)**

Mileage expense at statutory per-mile rate:

\$ 0. \_\_\_\_\_ per mile X \_\_\_\_\_ miles = \$ \_\_\_\_\_

Food and/or lodging expenses (receipts and itemization attached) = \$ \_\_\_\_\_

Airfare or other public carrier expense (receipts and itemization attached) = \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

**Total Payment Requested** \$ \_\_\_\_\_

I affirm that this request is accurate and complete and that I have received no other compensation for the above. I understand that payment is subject to approval by the court and agree to provide any necessary documentation to justify the request.

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

Signature: \_\_\_\_\_  
Typed: \_\_\_\_\_

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**COURT USE ONLY:** Date: \_\_\_\_\_

Approval Signature: \_\_\_\_\_  
Title: \_\_\_\_\_