



**LOUISIANA PUBLIC
DEFENDER BOARD**

Application for Capital Expert Witness Funds

I. Attorney Information

Counsel's Name: _____ Office Phone No.: _____

Office: _____

Mailing Address: _____

Email Address: _____

Alternate Phone No.: _____ circle: cell home other

II. Case Information

Client's Name: _____ Docket No.: _____

Parish Where Pending: _____ Judicial District Court _____

Status of case: Pretrial (no stay): _____, Pretrial (stay): _____, Trial Date Set: _____, Post Trial: _____

III. Expert Information

Proposed Expert's Name: _____

Address: _____

Email Address: _____ Phone No.: _____

(a) Expert's Hourly Rate: \$ _____ Expected Maximum Number of Hours: _____

(b) Expected Amount of Travel and Other Reimbursable Expenses: \$ _____ Describe Nature of

Anticipated Travel and Other Reimbursable Expenses: _____

Estimated Total Costs for Services (total of (a) and (b) above): _____

*Privileged and Confidential
Attorney Client Privilege, Attorney Work Product*

Please attach to each application:

1. Proposed expert's curriculum vitae
2. Proposed expert's fee schedule

Please check box to confirm:

This case is included in the LPDB database and all current database information is accurate.

By signing and submitting this application, I certify that the requested expert witness funds are being sought for an indigent client who is currently under a capital indictment for first degree murder. I understand these funds are subject to future funding by the Louisiana Legislature.

Counsel's Signature

Date

Last Updated: 8/30/2013