

# Commission on Child Protection



## REQUEST FOR APPROVAL TO HIRE EXPERT WITNESS

### APPLICANT INFORMATION

|                         |      |              |     |
|-------------------------|------|--------------|-----|
| Requestor Name:         |      | Date:        |     |
| Tel#:                   |      | Case Name:   |     |
|                         |      | Client Name: |     |
| Email:                  |      | Docket No.   |     |
| Name of Expert Witness: |      |              |     |
|                         | Last | First        | M.I |
| Job Title               |      |              |     |

(Please attach or fax Expert's C.V to 203-596-4177)

|               |  |             |  |           |  |
|---------------|--|-------------|--|-----------|--|
| Proposed Fee: |  | Start Date: |  | End Date: |  |
|---------------|--|-------------|--|-----------|--|

Reason for Request:

|                                     |  |
|-------------------------------------|--|
| Requestor Signature, Symbol or Pin: |  |
|-------------------------------------|--|

### APPROVAL TO HIRE

|  |  |                          |  |
|--|--|--------------------------|--|
| Approved Fee:  |  | Approved Classification: |  |
| Signature: Carolyn Signorelli, Chief Child Protection Attorney |  | Date:                    |  |

### REQUEST DENIED

Reason for Denial:

|  |       |  |
|--|-------|--|
| Signature: Carolyn Signorelli, Chief Child Protection Attorney | Date: |  |
|--|-------|--|