

Commission on Child Protection



REQUEST FORM TO HIRE EXPERT WITNESS / PSCYHOLOGICAL EXAM

APPLICANT INFORMATION

Requestor Name:		Date:	
Tel#:		Case Name:	
		Client Name:	
Email:		Docket No.	
Name of Expert Witness/Evaluator:			
	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:
--	-------