

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:	
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Reason for Request:

Requestor Signature, Symbol or Pin:	
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APPROVAL TO HIRE

Approved Fee:		Approved Classification:	
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Signature: Carolyn Signorelli, Chief Child Protection Attorney	Date:	
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REQUEST DENIED

Reason for Denial:

Signature: Carolyn Signorelli, Chief Child Protection Attorney	Date:	
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