

**Expert Services Detailed Budget Worksheet
for Non-capital Representations with the Potential for Extraordinary Cost**

This detailed budget worksheet is for use by counsel in preparing the summary of anticipated expert services for representations that “appear likely to become or have become extraordinary in terms of potential cost” as set forth in section 230.26.10 of the Guidelines for Administering the CJA and Related Statutes, Volume 7A, *Guide to Judiciary Policy*. The figure at the end of each section should be transferred to the summary budget worksheet for submission to the court. (In some instances, the court may request the detailed worksheet as well as the summary.) The document automatically totals hours and dollar amounts.

Date: _____

Case Name: _____

Case Number: _____

Expert’s Name: _____

Type of Expert: _____

Hourly Rate: _____

I. Discovery/Document Review	Hours
A. Medical/Psychological/Social History Records (_____ pages):	_____
B. Offense Reports (_____ pages):	_____
C. Videotapes:	_____
D. Audiotapes:	_____
E. Other (specify): _____	_____
Subtotal Hours:	0.0

II. Meetings with Defendant for Interviews and Testing	Hours
A. Estimated number of meetings for interviews and testing: _____	_____
B. Estimated hours of consultation (including time spent entering and leaving detention facility, but <i>excluding</i> expert travel time):	_____

C. Travel time to/from defendant (see IX.A and B below for estimated travel costs)

- 1. Is client held in a remote facility or on bond out of the district (Y or N)? _____
- 2. If yes above, what is one-way travel time to defendant? _____
- 3. Total estimated hours of travel time to defendant (estimated number of trips multiplied by round-trip travel time): _____

Subtotal Hours: 0.0

III. Meetings with Members of "Defense Team" **Hours**

(i.e., attorneys, investigators, paralegals, and/or other defense experts)

- A. Estimated number of meetings : _____
- B. Estimated hours for meetings: _____
- C. Travel time to/from meetings (see IX.A and B below for estimated travel costs)
 - 1. Is out of district travel required (Y or N)? _____
 - 2. If yes, what is one-way travel time? _____
 - 3. Total estimated hours of travel time (estimated number of trips multiplied by round-trip travel time): _____

Subtotal Hours: 0.0

IV. Meetings and Interviews with Witnesses **Hours**

(including members of defendant's family)

- A. Estimated number of meetings : _____
- B. Estimated hours for meetings: _____
- C. Travel time to/from meetings (see IX.A and B below for estimated travel costs)
 - 1. Is out of district travel required (Y or N)? _____
 - 2. Total estimated hours of travel time: _____

Subtotal Hours: 0.0

V. Examination of Crime Scene(s) And/or Physical Evidence **Hours**
(including physical/scientific testing of evidence)

A. Estimated number of trips: _____

B. Time spent at crime scene and/or with physical evidence: _____

C. Lab time: _____

D. Travel time (see IX.A and B below for estimated travel costs)

1. Is out of district travel required (Y or N)? _____

2. Total estimated hours of travel time: _____

Subtotal Hours: 0.0

VI. Report Writing **Hours**
(including review of literature)

A. Type of Report: _____

Hours: _____

B. Type of Report: _____

Hours: _____

C. Type of Report: _____

Hours: _____

Subtotal Hours: 0.0

VII. Hearing and/or Trial Testimony **Hours**

A. Type of Proceeding: _____

1. Exhibit preparation: _____

2. Testimony (including cross-examination): _____

3. Other in-court time (e.g., observation of testimony, waiting):	_____
4. Travel time:	_____
B. Type of Proceeding: _____	
1. Exhibit preparation:	_____
2. Testimony (including cross-examination):	_____
3. Other in-court time (e.g., observation of testimony, waiting):	_____
4. Travel time:	_____
C. Type of Proceeding: _____	
1. Exhibit preparation:	_____
2. Testimony (including cross-examination):	_____
3. Other in-court time (e.g., observation of testimony, waiting):	_____
4. Travel time:	_____
Subtotal Hours:	0.0

VIII. Meetings with Prosecuting Attorneys, Case Agents, and Government Experts **Hours**
(including depositions)

A. Estimated number of meetings: _____	
B. Estimated hours for meetings: _____	
C. Travel time to/from meetings (see IX.A and B below for estimated travel costs)	
1. Is out of district travel required (Y or N)? _____	
2. Total estimated hours of travel time: _____	
Subtotal Hours:	0.0

Grand Total Hours: **0.0**

IX. Travel Costs

Dollars

A. Local Travel

POV mileage rate: _____

1. Trips to meet with defendant

a. Number of trips: _____

b. Miles per round-trip: _____

c. Estimated cost of travel: _____

\$0.00

2. Trips to meet with defense counsel
(note: do not double count meetings that include both defense counsel and defendant)

a. Number of trips: _____

b. Estimated cost of travel: _____

3. Trips to view evidence, to crime scene(s), and to meet with prosecutors and case agents

a. Number of trips: _____

b. Estimated cost of travel: _____

4. Trips to confer with witnesses
(including other experts)

a. Number of trips: _____

b. Estimated cost of travel: _____

5. Trips to court

a. Number of trips: _____

b. Estimated cost of travel: _____

B. Travel Requiring Air/Train Transportation, Rental Vehicle and/or Overnight Stay
(using government travel rates and per diems for purpose of estimate)

1. Meet with defendant

a. Location: _____

- b. Number of trips: _____
- c. Estimated cost of travel: _____
- 2. Trips to meet with defense counsel
(note: do not double count meetings that include both defense counsel and defendant)
 - a. Location: _____
 - b. Number of trips: _____
 - c. Estimated cost of travel: _____
- 3. Trips to view evidence, to crime scene(s), and to meet with prosecutors and case agents
 - a. Location(s): _____
 - b. Number of trips: _____
 - c. Estimated cost of travel: _____
- 4. Trips to meet with lay witnesses
 - a. Name of witness: _____
Location: _____
Number of trips: _____
Estimated cost of travel: _____
 - b. Name of witness: _____
Location: _____
Number of trips: _____
Estimated cost of travel: _____
 - c. Name of witness: _____
Location: _____
Number of trips: _____
Estimated cost of travel: _____
 - d. Name of witness: _____
Location: _____
Number of trips: _____
Estimated cost of travel: _____

e. Name of witness: _____
Location: _____
Number of trips: _____
Estimated cost of travel: _____

f. Name of witness: _____
Location: _____
Number of trips: _____
Estimated cost of travel: _____

5. Trips to confer with other expert witnesses

a. Name and Type of Expert: _____
Location: _____
Number of trips: _____
Estimated cost of travel: _____

b. Name and Type of Expert: _____
Location: _____
Number of trips: _____
Estimated cost of travel: _____

c. Name and Type of Expert: _____
Location: _____
Number of trips: _____
Estimated cost of travel: _____

d. Name and Type of Expert: _____
Location: _____
Number of trips: _____
Estimated cost of travel: _____

e. Name and Type of Expert: _____
Location: _____
Number of trips: _____

Estimated cost of travel: _____

Total Travel Costs:

\$0.00

X. Other Miscellaneous Costs and Expense

Dollars

A. Type: _____

Amount: _____

B. Type: _____

Amount: _____

C. Type: _____

Amount: _____

Total Miscellaneous Costs and Expenses

\$0.00

Approved Case Budget for Expert

Expert Time

Hourly Rate: \$0.00

Hours: 0.0

Fees Approved (hours multiplied by hourly rate): \$0.00

Travel Costs: \$0.00

Other Miscellaneous Costs and Expenses: \$0.00

Grand Total Budget for Expert:

\$0.00