

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO  
COURT APPOINTED FORENSIC EVALUATION INVOICE REQUEST FOR  
APPROVAL OF ADDITIONAL COMPENSATION FOR DEFENDANT'S FORENSIC EVALUATION

SUBMITTING DOCTOR: \_\_\_\_\_

DEFENDANT'S NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

I request an exception from the per-ordered evaluation rate pursuant to Forensic Evaluator's Policies and Procedures, Section 8.1 for evaluating the defendant named above for the reasons set forth below.

Justification for the increased amount is provided by:

- See the attached letter justifying the request.       For the following reasons:

(Please attach an additional page if more space is needed)

SUBMITTED BY:

Date: \_\_\_\_\_

\_\_\_\_\_  
Appointed Forensic Evaluator

JUDICIAL ACTION ON INVOICE

I have reviewed the attached invoice and explanation and have taken the action indicated below:

APPROVED - I find sufficient justification to approve the request for additional compensation for the evaluation as ordered in the above-named case. The doctor may proceed with the evaluation at the rate as indicated.

DISAPPROVE - I do not find sufficient justification to approve the request for additional compensation for the evaluation as ordered in the above-named case. The doctor shall proceed with the evaluation at the flat per-ordered evaluation rate as indicated above for the ordered evaluation plus any additional authorized expenses including mileage or bi-lingual evaluation according to the Court's rate schedule.

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDGE