

REQUEST FOR EXPERT SERVICES

Instructions: Please type or print legibly. E-mail this form and any accompanying documentation to: info@scacp.org

ASSIGNED COUNSEL DEFENDER PLAN OF SUFFOLK COUNTY

Courthouse Corporate Center
320 Carleton Avenue, Suite 4300
Central Islip, New York 11722
(631) 439-0539
(631) 761-6517

Date: _____

Attorney of Record/Party initiating request: _____

Email Address: _____ Contact #: _____

GENERAL CASE INFORMATION

Defendant's Last Name:	First Name:	Date of Birth #:

DOCKET NUMBER: _____

CHARGE: Felony _____ Misd _____ Violation
(Please list penal code)

TYPE OF SERVICE REQUESTED:

- Interpreter Services Investigator DNA Expert Sentencing Advocacy
 Forensic Expert Trial Consultant Social Worker Other: _____

First Request

Previous Requests for
Expert funding Totals:
\$ _____

*(include list of experts used
in this case)*

Date Services Needed: _____

Place: _____

Short Description: _____

By typing your salutation and full name below, you authorize
your digital signature to be submitted with this form.

Attorney Signature
Please Print Name: