IN THE CIRCUIT COURT OF THE \_\_\_\_\_\_ JUDICIAL CIRCUIT

IN AND FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA, CASE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

vs. DIV.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, JUDGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

**MOTION TO INCUR COSTS FOR DEFENSE MEDICAL EXPERT**

COMES NOW the Defendant, by and through the undersigned counsel, and moves to incur costs for a defense medical expert, and in support thereof, shows the following:

1. The Defendant is indigent and the undersigned [was appointed by the Court to represent the Defendant]/[is privately retained and the Court previously found the Defendant indigent for costs]. [SELECT ONE]

2. The defense requests the assistance of a medical expert to assist the defense. The particularized need for this request is [BRIEFLY DESCRIBE THE PARTICULARIZED NEED FOR EXPERT SERVICES. INCLUDE ANY SPECIALITY THE EXPERT HAS, SUCH AS FORENSIC PATHOLOGIST, PSYCHIATRIST, RADIOLOGIST, OR TOXICOLOGIST.]

3. The defense requests authorization to retain the services of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. [NAME, TITLE, AND QUALIFICATIONS OF PROPOSED PROVIDER.]

4. The defense requests authorization for $\_\_\_\_\_\_\_ for payment at the rates established by law [FOR CIRCUITS WITH AN ESTABLISHED RATE]/at the rate(s) of [RATE STRUCTURE] [FOR CIRCUITS WITHOUT AN ESTABLISHED RATE OR SEEKING A RATE IN EXCESS OF THE RATES ESTABLISHED BY LAW]. [DESCRIBE JUSTIFICATION IF SEEKING A RATE IN EXCESS OF THE RATES ESTABLISHED BY LAW OR OUT-OF-STATE EXPERT INCLUDING DILIGENT EFFORTS MADE TO LOCATE AN IN-STATE EXPERT WITHIN THE RATES ESTABLISHED BY LAW].

WHEREFORE, the defense requests this Court enter an order authorizing the defense to incur costs for a forensic expert as set forth above.

Respectfully submitted,

IN THE CIRCUIT COURT OF THE \_\_\_\_\_\_ JUDICIAL CIRCUIT

IN AND FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, FLORIDA

STATE OF FLORIDA, CASE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

vs. DIV.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, JUDGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

**ORDER AUTHORIZING THE DEFENSE TO INCUR COSTS**

**FOR DEFENSE MEDICAL EXPERT**

THIS Motion to Incur Costs for Defense Medical Expert in the above case is before this Court; and having reviewed the Motion and the response of the Justice Administrative Commission, the Court finds that the defense has shown that the assistance of a defense medical expert is necessary for the defense of the case.

**IT IS HEREBY ORDERED AND ADJUDGED as follows:**

1. The defense is authorized to incur up to $\_\_\_\_\_\_\_\_ for payment of a medical expert at the rates established by law [FOR CIRCUITS WITH AN ESTABLISHED RATE]/at the rate(s) of [RATE STRUCTURE] [FOR CIRCUITS WITHOUT AN ESTABLISHED RATE OR RATES IN EXCESS OF THE RATES ESTABLISHED BY LAW].

2. The defense is authorized to retain the service of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. [NAME OF PROPOSED PROVIDED]

3. Should the medical expert desire direct payment from the Justice Administrative Commission, the expert must enter into a contract with the Justice Administrative Commission. The defense and the medical expert must comply with all policies and procedures of the Justice Administrative Commission related to the submission of billings for direct payment to a due process vendor.

4. The Defendant is liable to pay the amount of any due process costs provided to the defense as directed by sections 27.52 and 938.29, Florida Statutes. If the Defendant is convicted, the Court is responsible for determining the amount of the obligation to be imposed as a lien against the Defendant.

**DONE AND ORDERED** in \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County on this

\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_