

eROF Expert

<i>Date Submitted:</i>		<i>Attorney Name:</i>		<i>Attorney Phone Number:</i>	
<i>Return E-mail Address(es):</i>					
<i>Client Name: (Last Name, First Name)</i>			<i>Case Number:</i>		
<i>Case Type:</i>		<i>Primary Charge:</i>			
<i>Status:</i>	<i>Expertise:</i>		<i>Expert Name:</i>		<i>Expert's Location:</i>
<i>Service Type:</i>		<i>Hrly/Flat Rate:</i>	<i>Hours Requested:</i>		<i>Total Cost:</i>
<i>Rationale & Special Instructions:</i>					

OCC Administration

<i>OCC Comments:</i>	
<i>Disposition:</i>	<i>Authorized Signature & Date:</i>