eROF Investigator

Date Submitted:	Attorney Name:	Attorney Phone Number:

Return E-mail Address(es):

Client Name: (Last Name, First Name)	Case Number:

Task Investigator to Perform:	Primary Charge:

Status:	Preferred Investigator:	Hours Requested:	Rate:	Total Cost:

Has Investigator Agreed to Accept Appointment?:

Rationale & Special Instructions:

Submit eROF

OCC Administration

OCC Comments:

Disposition:	Authorized Signature & Date:

Return eROF