



**SUPERIOR COURT OF WASHINGTON
COUNTY OF SPOKANE**

Plaintiff(s): _____

Vs.

Defendant(s): _____

CASE NO. _____

**CERTIFICATE OF UNDERSTANDING
OF INVESTIGATOR**

I, _____, a licensed investigator, hereby confirm that I am informed of and understand that the maximum amount authorized for my services in the above matter, at Spokane County expense, is \$_____. The maximum hourly rate paid by Spokane County is \$ 55.00.

I further understand that this maximum dollar amount shall not be exceeded without prior approval by Court order and that any fees which exceed the maximum amount authorized without prior approval shall not be reimbursed by Spokane County. My fee schedule and copy of my business license is attached.

I further agree that I have been engaged to perform the following duties as directed by and/or as agreed to by the hiring attorney or pro se defendant:

1. _____.
2. _____.
3. _____.
4. _____.

I declare under penalty of perjury under the laws of the State of Washington that I have read the above terms for expenditure of public funds as stated in this Certificate of Understanding and Order for Pre-Authorization of Funds at Public Expense, agree to abide by those terms, and that the information I have provided is true and correct.

Investigator

Date



**SUPERIOR COURT OF WASHINGTON
COUNTY OF SPOKANE**

Plaintiff(s): _____

Vs.

Defendant(s): _____

CASE NO. _____

**ORDER FOR PRE-AUTHORIZATION
OF FUNDS AT PUBLIC EXPENSE**

THIS MATTER, having come on regularly for hearing this date before the above entitled Court upon the Certificate of Understanding of Investigator and the Defendant's Affidavit of Indigency, and the Court, having examined the files and records herein and being fully advised in this matter, it is now hereby;

ORDERED, ADJUDGED AND DECREED:

That the services of an investigator are necessary, and the defendant is indigent;

That _____ be appointed as investigator in this matter pursuant to CrR 3.1(F);

That compensation shall be paid at public expense by Spokane County from the Superior Court Account for a maximum of \$_____, for investigative services, as per the Certificate of Understanding. Any additional fee over the maximum amount authorized shall be pursuant to further motion and order of this court.

That final authorization for payment shall be by Order Authorizing Payment pursuant to CrR 3.1 (f) (3). The order for payment must be prepared and presented to the Superior Court Administrator's Office, for review within 30 days of the conclusion of the service for which payment is being requested. Orders received for review more than 30 days after the service was rendered may not be approved for payment by the court.

Dated this _____ day of _____, 20_____.

JUDGE

Presented by:

Attorney for Defendant/Defendant
WSBA No.



Plaintiff(s): _____

Vs.

Defendant(s): _____

CASE NO. _____

**MOTION/ORDER AUTHORIZING
PAYMENT OF FUNDS AT PUBLIC
EXPENSE**

THIS MATTER, having come on regularly for hearing this date before the above entitled Court upon the Motion of Investigator For Payment of Funds At Public Expense, and the Court, having examined the files and records herein, the investigators claim for compensation and being fully advised in this matter, it is now hereby;

ORDERED, ADJUDGED AND DECREED:

That _____ was appointed as investigator/expert in this matter pursuant to CrR 3.1(F);

That the amount specified in the investigator/expert's claim for services attached hereto does not exceed \$ _____, which is the maximum amount authorized by prior court order.

That _____ shall be paid at public expense by the Spokane County Superior Court Administrator's Office in the amount of \$ _____, for investigative or expert services, as per the attached investigators/expert's claim for services.

That a copy of this order shall be provided to the payor.

Dated this _____ day of _____, 20_____.

JUDGE

Presented by:

Attorney for Defendant/Defendant
WSBA No.



**SUPERIOR COURT OF WASHINGTON
COUNTY OF SPOKANE**

Plaintiff(s): _____

Vs.

Defendant(s): _____

CASE NO. _____

**CERTIFICATE OF UNDERSTANDING
OF EXPERT**

I, _____, a licensed expert, hereby confirm that I am informed of and understand that the maximum amount authorized for my services in the above matter, at Spokane County expense, is \$_____. The maximum hourly rate paid by Spokane County is \$_____.

I further understand that this maximum dollar amount shall not be exceeded without prior approval by Court order and that any fees which exceed the maximum amount authorized without prior approval shall not be reimbursed by Spokane County. My fee schedule and copy of my business license is attached.

I further agree that I have been engaged to perform the following duties as directed by and/or as agreed to by the hiring attorney or pro se defendant:

1. _____.
2. _____.
3. _____.
4. _____.

I declare under penalty of perjury under the laws of the State of Washington that I have read the above terms for expenditure of public funds as stated in this Certificate of Understanding and Order for Pre-Authorization of Funds at Public Expense, agree to abide by those terms, and that the information I have provided is true and correct.

Expert

Date