

eROF Expert

Date Submitted:	
Attorney Name:	
Attorney Phone Number:	
Return Email Address (es):	
Client Name:	
Case Number:	
Primary Charge, if applicable:	
Expert Name:	
Expert Email Address:	
Expert Specialty	
Expert City / State:	
IF FLAT FEE, List Fee:	
IF HOURLY RATE, List Rate:	
Number of Hours Requested:	
TOTAL COST:	

Rationale and Additional Information:

SAVE FORM AND EMAIL TO: ROFNew@maricopa.gov

OCC Comments:
Disposition:
Authorized Signature and Date: