

eROF Investigator

| | | |
|---|--|--|
| Date Submitted: | | |
| Attorney Name: | | |
| Attorney Phone Number: | | |
| Return Email Address (es): | | |
| | | |
| Client Name: | | |
| Case Number: | | |
| Primary Charge: | | |
| Preferred Investigator: | | |
| Has Investigator Agreed to the Appointment (Y or N): | | |
| New Appointment (Y or N): | | |
| 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: |
| |

*Designates firms with at least one Spanish speaker.