

Contract/Purchase Order No.:

Date:

## Part I – Request for Services

1. Requesting Official (Name & Title) [REDACTED]	2. Signature of Requesting Official [REDACTED]	3. Point of Contact (Name and Tel.) [REDACTED] Telephone: [REDACTED]	4. Date of Request 8/30/2021
5. Preparer (Name & Tel.)	6. Originating Office (Name & Address) U.S. Attorney's Office, SDNY [REDACTED]	7. Case Name, Court & Ct. Docket No. US v. Maxwell, 20 Cr. 330	8. DJ File No./USAO No. 2018R01618
9. Contractor (Name and Tel.) Taylor Trial Consulting Telephone:	10. Contractor Mailing Address [REDACTED]	11. Contractor TIN or SSN (individual)	12. Contractor Specialty Jury consulting services

13. Reason for Request (Place an "X" in the applicable Box in the Left Column)

<input type="checkbox"/>	13.a. Expert Testimony on Behalf of U.S.
<input type="checkbox"/>	13.b. Deposition Conducted by DOJ Attorney
<input type="checkbox"/>	13.c. Medical Examination of Plaintiff/Witness/Defendant in Contemplation of Testimony on Behalf of U.S.
<input type="checkbox"/>	13.d. Examination Under 18 USC 4241, Mental Competency to Stand Trial Only
<input type="checkbox"/>	13.e. Dual Purpose Psychiatric Examination (Time of Offense and Competency to Stand Trial) on the motion of:
<input type="checkbox"/>	13.f. ADR Neutral Services
<input checked="" type="checkbox"/>	13.g. Litigative Consultant Services
<input type="checkbox"/>	13.h. Other (explain below):

## Attach the Statement of Work to this Form

14. Negotiated Contractor Rates, Estimated Expenses, and Performance Dates (Note: Expenses incurred must be supported by receipts)

Service/Expense	Performance Dates (From-To)	Hour/Day	Quantity	Rate	Total
14.a. Examine Case	-	Hour			\$ 0.00
14.b. Prepare Testimony	-	Hour			\$ 0.00
14.c. Court Testimony	-	Hour			\$ 0.00
14.d. Deposition	-	Hour			\$ 0.00
14.e. Litigative Consultant/Neutral	-	Hour			\$ 0.00
14.f. Per Diem (if not part of fee)		Day			\$ 0.00
14.g. Privately Owned Vehicle (NTE coach rate)		Mile			\$ 0.00
14.h. Common Carrier Transportation Via GTA					
14.i. Common Carrier Transportation Reimbursed					
14.j. Miscellaneous					
<b>14.k. Total Estimated Expenses</b>					<b>\$ 63,000.00</b>

15. Submit Invoices & EFT Information to: U.S. Attorney's Office, SDNY Budget & Fiscal Unit [REDACTED]	16. Payment will be made by: (Place an "X" in the applicable Box and fill-in if not JMD/Finance) <input checked="" type="checkbox"/> Box 15
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