

# EXPERT WITNESS FORM

A

X-REFERENCE NO

APPLICANT NAME

SURNAME

JUSTICE CENTRE

PLAINTIFF/DEFENDANT  DATE   /   / 2 0

ATTORNEY FIRM ADDRESS

TEL

FAX NO

CELL

ATTORNEYS REFERENCE

**DATES/ DUE DATES**

TRAIL   /   / 2 0

SUMMARIES   /   / 2 0

RULE 37   /   / 2 0

B

Reasons for request

Nature of evidence

Area of dispute

C

	EXPERT 1		EXPERT 2		EXPERT 3	
NAME						
OCCUPATION						
TARIFF	Estimated Time / Days	Estimated Cost	Estimated Time / Days	Estimated Cost	Estimated Time / Days	Estimated Cost
CONSULTATION		R		R		R
PREPARATION		R		R		R
RESEARCH		R		R		R
ATTENDING COURT		R		R		R
OTHER		R		R		R
DISBURSEMENTS		R		R		R
<b>TOTAL ESTIMATES</b>	<b>DAYS</b>	<b>R</b>	<b>DAYS</b>	<b>R</b>	<b>DAYS</b>	<b>R</b>

Urgency  Reasons for choice

D

DECISION:

RECOMMENDED BY NAME/ DESIGNATE  DATE:   /   / 2 0

APPROVED BY NAME/ DESIGNATE  DATE:   /   / 2 0

SIGNATURE

SIGNATURE