

EXPERT WITNESS DESIGNATION FORM

ATTORNEY INFORMATION:

Attorney Name: _____ Date: ____/____/____

Firm: _____

Street: _____

City, State, Zip: _____

Telephone: (_____) Facsimile: (_____)

Email: _____

Case Name: _____

THANK YOU FOR USING ROBERT W. JOHNSON & ASSOCIATES

Please designate your expert witness as early as possible. We cannot be responsible for conflicts arising from the late confirmation of dates. The following must be received before the designation can be confirmed:

- 1) The original or a copy of this agreement signed by the retaining attorney.
- 2) A \$600 non-refundable designation fee.
- 3) A \$500 non-refundable case set-up fee (if not previously paid).

If all items are not received within five business days following the request of designation, Robert W. Johnson & Associates is considered not designated and will be available to other parties and matters.

Designation of ROBERT W. JOHNSON & ASSOCIATES

Name of Expert to be designated: _____

Case Name: _____

The undersigned hereby engages Robert W. Johnson & Associates with respect to the above named case and on the terms and conditions stated above. This contract is made in Los Altos, California on the day and year written below. Should litigation be needed to collect any charges pertaining to this case, Robert W. Johnson & Associates shall be entitled to attorney's fees and all costs of collection in addition to principal and finance charges.

Retaining Attorney's Signature: _____ Date: ____/____/____

All fees and rates are subject to change without notice.

Robert W. Johnson & Associates

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