

## **Expert Witness Fee Schedule**

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### **Expert Witness Fee Schedule**

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|---|---|
| Off-Site Work:  | \$500.00/hour   |
| Deposition/Court or Due Process<br>Testimony (Off-Site/Virtual)                     | \$750.00/hour (direct preparation time also charged at this rate)<br>Two-hour minimum will be charged.  |
| Deposition/Court or Due Process<br>Testimony (On-Site):                             | \$7,500.00/day (plus travel/other per diem expenses)<br>(Includes on-site preparation days)   |
| Travel Day Fees:<br>(Outside Florida)   | <u>East Coast</u> : \$2,500 for Outbound trip; No charge for return trip<br>unless it involves extra days after the day of testimony<br><u>Other</u> (West of the Mississippi): \$2,500/day for Outbound and<br>Return trip |
| Per Diem/Plane/Travel Expenses<br>(Outside Florida or if<br>Plane travel is Needed) | \$1,250 for the first day inclusive; \$750/day thereafter, unless<br>plane or hotel rates are excessive   |
| (Driving within Florida)  | Federal/GSA Driving Mileage and Per Diem Rate; \$500/day<br>flat fee for all per diem expenses unless hotel rates are<br>excessive  |
- Full In-Hand Payment for all Invoices is expected prior to specific case-related milestones: especially prior to sitting for a deposition or testifying for a hearing or trial.
  - Aside from the provision above: Full Payment for all Invoices within 45 calendar days from the date of the e-mail. A 3% late fee will be assessed for all payments due and outstanding after 45 days, in addition to a 1.5% interest rate charge per month (maximum interest of 18% per year per Florida law).

- A 3.25% processing fee will be charged for Credit Card payments through my Paypal or other payment systems.
- Rates above are subject to periodic change/updating—especially for multi-year cases. Changes will occur with a one month notice/grace period.

The signature below formally certifies the agreement of the individual and/or the organization to the Fee Schedule and specifics above. It is assumed that any individual signing for an organization has the authority to do so, or that s/he will assume responsibility individually if this is not the case. All disagreements involving this Schedule will be addressed, as needed, consistent with Florida law or regulation.

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Name of Individual or Organizational Representative  
(Printed)

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Date

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Signature

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Organizational Representative's Position

ADDRESS

E-MAIL

PHONE