

**DAVID L. FINK M.D.**  
GENERAL AND FORENSIC PSYCHIATRY  
PHONE: 267-420-2036  
EMAIL: davidfinkmd@gmail.com

FORENSIC SERVICES AGREEMENT

Attorney's Name: \_\_\_\_\_

Case Name: \_\_\_\_\_

Dear sirs,

Thank you for referring your questions regarding the above named case to me for forensic psychiatry evaluation. I will be glad to render my professional services regarding this case.

My fee is \$600 per 60 minute hour for reviewing records, performing examinations, preparing reports, conferring with governments, travel time, testifying time, waiting time, or time spent in any other way on this specific case. Depositions and court appearances are scheduled for a half day at \$5,500 or full day at \$7,500. Full payment will be charged for appointments not kept, or not canceled 48 hours in advance. Overnight travel is billed at 12 hours per day flat rate.

It is your responsibility to send me all relevant medical reports, depositions, investigation reports, photographs, and other helpful information prior to my examination of the examinee. For efficient use of my time, I recommend that you send all such records at least 2 weeks prior to a scheduled examination. For out-of-state evaluations or testimony, it is your responsibility to insure in advance that any licensing problems or conflicts about expert functions in that state have been satisfactorily resolved.

Courts and governments may send payment after services are rendered, in response to my monthly invoice, but only if payment is guaranteed by (1) a court order that specifies the hourly rate, (2) the attached contract signed by a person who has the authority to bind the government, or (3) a letter agreeing to the terms of this service agreement, signed by a person who has the authority to bind the government. Payment will be expected upon such invoicing.

Please sign the attached service agreement for my services on this case. Please return it to me by email attachment or US mail. By signing this agreement, you obligate your agency to be responsible for payment for my time spent on this case. You also agree that your agency will promptly pay my invoices regardless of who the ultimate payer is. If the signed service agreement is not returned 2 weeks from the date of this letter, then my involvement in this case will stop, and my name may not be listed by you as a witness.

Thank you for allowing me to contract with you in this way. Please contact me any time you have questions or further information.

Please sign and return to confirm our engagement:

---

David Fink MD  
Assistant Clinical Professor Perelman School of Medicine  
University of Pennsylvania Department of Psychiatry