

Your business name

Your title(s) and affiliation(s)

Example of Expert Witness Fees for
Your name and degrees

Service	Fee
Initial retainer	\$XX (6 hours at \$X per hour)
Consultation with attorney(s) to discuss case	\$X per hour
Review of medical records	\$X per hour
Written expert opinion	\$X per hour
Deposition (local/virtual)	\$X per hour
Expert witness testimony (local)	\$X per hour portal-to-portal
Expert witness testimony (out of city/state)	\$XX per half-day, plus travel expenses

Hours will be billed in 15-minute increments to your legal office.

Please make payment checks payable to: [Your name here](#)
and reference [Case name, invoice number, etc.](#)
and send the check to the following address:

[Your billing address here](#)

Please enclose a copy of this Fee Schedule with the check for the initial retainer.

If you have any questions, you may call or e-mail
[Your contact information here](#)