



Superior Court of California,  
County of Santa Cruz

Mental Health Examination  
Request for Proposal

**ATTACHMENT A-2 COSTS AND FEES WORKSHEET**

The following information must be completed as part of your proposal. Evaluators may include both a “proposed fee” as well as a “minimum accepted fee” if evaluators wish to provide a reduced fee for courts that are unable to pay market rates for these services despite the demand.

<b>Services and Deliverables</b>	<b>Proposed Fee (Required)</b>	<b>Minimum Accepted Fee (Optional)</b>
<b>P.C. 1368 / 1370</b>		
<b>P.C. 1026 / 1027</b>		
<b>P.C. 1368 / 1370 (involuntary medication orders)</b>		
<b>P.C. 288.1</b>		
<b>W&amp;I Code 709</b>		
<b>W&amp;I Code 6600 (SVP Cases)</b>		
<b>E.C. 730 (Expert Evidence/Testimony)</b>		
<b>E.C. 1017</b>		
<b>P.C. 1170.9</b>		

Mental Health Evaluators Name: \_\_\_\_\_

Mental Health Evaluators Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_