

## eROF Investigator

<b>Date Submitted:</b>		
<b>Attorney Name:</b>		
<b>Attorney Phone Number:</b>		
<b>Return Email Address (es):</b>		
<b>Client Name:</b>		
<b>Case Number:</b>		
<b>Primary Charge:</b>		
<b>Preferred Investigator:</b>		
<b>Has Investigator Agreed to the Appointment (Y or N):</b>		
<b>New Appointment (Y or N):</b>		
<b>Number of Hours Requested:</b>		
<b>Total Cost:</b>		

<b>Rationale and Additional Information:</b>

SAVE FORM AND EMAIL TO: ROFNew@maricopa.gov

<b>OCC Comments:</b>
<b>Disposition:</b>
<b>Authorized Signature and Date:</b>

\*Designates firms with at least one Spanish speaker.