



Expert Witness Request Form

Date: _____

Expert Witness Request Form:

Requesting Party Name and Contact Information:

In order to retain Dr. Jason Mazzearella as an expert witness, the following is required.

A summons must be sent to Dr. Jason Mazzearella's office as well as a cheque issued with this summons to pay for all fee's associated with his expert witness service. The fee's associated with expert witness service include:

1. Retainer Fee - This secures a date and time for service and is non-refundable.
2. Expert witness fee,
3. Travel fee as per page 120 of the Dispute Resolution Practice Code - Ontario Insurance Commission. Please see below for a list of required fee's.

Dr. Jason Mazzearella's Expert Witness Fee Schedule is as follows:

1. Retainer Fee - \$2000.00 per case (none refundable - reserves date and time)
2. Expert Witness Fee - \$500.00 per hour
3. Additional Travel Expense Fee - \$0.24 times 28.3 km = \$6.79 each way (Yonge Street Location)

Once the full payment, a summons and completion of the following contract is received a date can then be reserved.

No date can be reserved until all requirements herein are met.

Please initial each statement below, sign at the bottom and return this form with the full payment of services: This form is required to be returned with original signatures and initials or the date's requested will not be reserved until this form and the above requirements are fulfilled in full.

I understand and agree completely to all of the terms and conditions stated herein.

I understand that payment is due in full prior to provision of any and all services.

I understand that if I require Dr. Jason Mazzearella's service for more hours then initially paid for, a cheque will be ready so that it can be issued as soon as my paid time has expired. I understand that if I do not have a cheque signed, authorized and ready to provide Dr. Jason Mazzearella, after my paid time expires, Dr. Jason Mazzearella will not provide any services and/or will no longer stay in attendance. _____

I understand that I am responsible to pay for all of Dr. Jason Mazzearella's time at his hourly rate in regards to depositions from either party and/or file reviews regarding this case as I am representing or am the retaining lawyer. _____

Dr. Jason Mazzearella
28 Finch Avenue West
Suite 212
Toronto, Ontario M2N 2G7

T: 647.991.7246
E: drmazzarella@gmail.com

W: www.drmaazzarella.com



Diplomat



Diplomat



Expert Witness Request Form

I understand that Dr. Jason Mazzarella's time starts the second he enters 5160 Young Street, North York Ontario and ends the second he leaves 5160 Young Street, North York Ontario. _____.

I understand that Jason Mazzarella's hourly rate encompasses exactly 60 minutes. I further understand that any additional time between 1 second and 59 minutes and 59 seconds will be charged the entire \$500.00 per hour fee and this will not be pro-rated.

I understand all payment provided is non-refundable regardless of if service is utilized or not as Dr. Jason Mazzarella's time is being used/reserved, and I will not dispute this fact.

I understand that if I fail to abide by this agreement in any way, both I and my law firm will be responsible to pay a 10% interest rate on all outstanding monies per month and both I and my law firm will also be responsible to pay for any legal costs incurred by Dr. Jason Mazzarella in order to collect any out- standing monies. _____

I confirm I have my law firms authorization to agree and fulfill all requests stated in this document. _____

I understand that I am hiring Dr. Jason Mazzarella as an Expert Witness through the North American Spine Institute, Inc. I further understand that all payments will be made to the **North American Spine Institute, Inc.** _____

I am requesting Dr. Jason Mazzarella's service for the following date and time:

(Please list the time and day that you would request Dr. Jason Mazzarella's expert witness service:)

Date: _____

Start Time: _____ End Time: _____

Total Time Being Requested: _____

Total of Enclosed Cheque: (Hourly Rate, Retainer Fee and Travel Fee) \$ _____

I understand that by signing this document, I am agreeing to the terms and conditions and that I am binding myself legally to take on all responsibilities of payment.

DATED at _____ this _____ day of _____ 20_____

_____ Name Print

_____ Name Signature

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