



**Bobbie G. Hopes, Ph.D.**  
**Clinical/Forensic Psychologist**

6 S. Second St., Suite #815 KeyBank Building, Hamilton, OH 45011 Tel: (513) 844-8440 Fax: (513) 844-2420

---

**TESTIMONY FEES & INFORMATION**

- ↪ A minimum fee of \$1800 is required at the time of the request to hold up to a four hour block of time on a specified date.
- ↪ The fee for testimony must be paid at least 2 weeks prior to court. In order to ensure Dr. Hopes availability, please call to schedule the date with my office as soon as possible.
- ↪ No date will be held without payment in full.
- ↪ This fee is not refundable.
- ↪ Any additional costs will be billed at the rate of \$250 per hour, including preparation and all time spent at the courthouse. Any additional costs are due within 14 days of receipt of the bill.
- ↪ Travel time is billed at \$200 per hour.
- ↪ If testimony is rescheduled for any reason, the cost is \$900.
- ↪ All payments must be cash, cashier's check or money order only. No personal checks, business checks, insurance, credit cards, or other forms of payment will be accepted for the evaluation, testimony, or other billable events.
- ↪ No date will be held without payment.
- ↪ A subpoena must be received prior to the date of testimony.