

REQUEST FOR PREPAYMENT OR REIMBURSEMENT OF EXPENSES

Please type or print with ballpoint pen.

VOUCHER NUMBER _____
VERIFIED _____
CHECK NUMBER _____
DATE ISSUED _____

Assigned Judge Case Number
Case Title
Name of Party Represented
Request for: [] Prepayment [] Reimbursement (Check one)
Check box if previous payments have been made in this case: [] Amount \$
Judgment Entered? [] Yes [] No If yes, Date of Judgment:
If applicable, date of order granting leave to withdraw:

Attorney's Name Firm or Business Name
Street Address City State Zip
Suite Number Business Phone
Make check payable to: [] Attorney [] Firm

ITEMIZED EXPENSES

Please refer to the Regulations Governing the Prepayment and Reimbursement of Expenses in Pro Bono Cases for guidance on approvable itemized expenses.

Table with 2 columns: Expense Category, Amount. Rows include Depositions and Transcripts, Travel Expenses, Service of Papers/Witness Fees, Interpreter Services, Photographs, Photocopies, Telephone Toll Calls, Telegrams, Fax, Other Expenses (Please attach description), and TOTAL AMOUNT CLAIMED.

I swear to (or affirm) the truth and correctness of the above statements and that each of the listed expenses are/were, in my best judgment, necessary for the adequate preparation and presentation of the above-named case. Further, I swear (or affirm) that this request is made in absence of other sources of prepayment or reimbursement and that if any of these expenses are otherwise recovered, I shall return an equivalent amount to the District Court Fund.

Attorney's Signature Date

Table with 4 columns: APPROVED, Signature, Date, Amount Approved. Rows for Assigned Judge's Signature and Chief Judge's Signature.