

REQUEST FOR PREPAYMENT OR REIMBURSEMENT OF EXPENSES

Please type or print with ballpoint pen.

(To be completed by Court staff)

VOUCHER NUMBER:
VERIFIED:
CHECK NUMBER:
DATE ISSUED:

Assigned Judge: Case Number:
Case Name:
Name of Party Represented:
Request for (check one): Prepayment Reimbursement
Have previous payments been made in this case? Yes No If yes, Amount \$
Was judgment entered? Yes No If yes, Date of Judgment:
If applicable, date of order granting leave to withdraw:

Attorney's Name: Make check payable to:
Firm or Business Name: Attorney
Street Address (incl. suite no.): Firm
City, State, Zip: Business Phone:

ITEMIZED EXPENSES

Please refer to the Regulations Governing the Prepayment and Reimbursement of Expenses in Pro Bono Cases for guidance on approvable itemized expenses. Please attach receipts and/or supporting documentation.

Table with 2 columns: Expense Category and Amount. Rows include Depositions and Transcripts, Travel Expenses, Service of Papers/Witness Fees, Expert Services, Interpreter Services, Photographs, Photocopies, Telephone Calls, Fax, Postage, Other Expenses, 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

(To be completed by Court staff)
APPROVED
Assigned Judge's Signature Date Amount Approved