

(07/2023)

REQUEST FOR 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:
Have previous payments been made in this case?
Judgment Entered?
If applicable, date of order granting leave to withdraw:

Attorney's Name: Firm or Business Name: Street Address
City, State, Zip: Business Phone:
Make check payable to:
Attorney
Firm

ITEMIZED EXPENSES

Please refer to the Regulations Governing the 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, 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 reimbursement and that if any of these expenses are otherwise recovered, I shall return an equivalent amount to the District Court Fund. This form, along with supporting documentation, will be filed on the docket under seal.

Attorney's Signature

Date

(To be completed by Court staff)

APPROVED
Assigned Judge's Signature Date Amount Approved