

United States District Court for the Eastern District of Missouri Non-Appropriated Fund

REQUEST FOR COMPENSATION OF SERVICES AND REIMBURSEMENT OF OUT-OF-POCKET EXPENSES

Assigned Judge:	Case Number:
Case Title:	
Name of Party Represented:	Date appointed:
Request for (check one): <input type="checkbox"/> Interim Payment <input type="checkbox"/> Final Payment	
Check box if previous payments have been made in this case: <input type="checkbox"/> Amount previously paid: \$	
Judgment Entered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of Judgment:	
If applicable, date of order granting leave to withdraw:	Has a fee award been made to you in this case?

Attorney's Name:	Make check payable to: <input type="checkbox"/> Attorney <input type="checkbox"/> Firm
Firm or Business Name:	
Street Address:	
City/State/Zip:	Phone:

Claim for Services

Please refer to the Instructions for Completing Request for Compensation of Services and Reimbursement of Expenses for time keeping

<u>In Court:</u>	Hours Claimed	Total Amount Claimed
Conferences		
Hearings		
Trial		
Other (specify on additional worksheet)		
(RATE PER HOUR = \$ _____)	IN COURT TOTALS:	
<u>Out of Court:</u>		
Interviews and Conferences		
Discovery		
Legal Research and Brief Writing		
Travel Time		
(RATE PER HOUR = \$ _____)	OUT OF COURT TOTALS:	
OVERALL TOTALS:	TOTAL COMPENSATION CLAIMED:	\$ _____
<i>(Note: The maximum compensation for attorney's fees for any one appointment in a civil case is \$5,000.)</i>		

Itemized Expenses

Please refer to the Regulations Governing the Disbursement of Funds from the Non-Appropriated Fund for Attorney Fees and Out-of-Pocket Expenses Incurred by Attorneys

Depositions and Transcripts	\$ _____	
Investigative, Expert or Other Services	\$ _____	
Travel Expenses	\$ _____	
Service of Papers/Witness Fees	\$ _____	
Interpreter Services	\$ _____	
Photographs, Photocopies, Telephone Toll Calls, Telegrams	\$ _____	
Other (Please attach description)	\$ _____	
TOTAL EXPENSES CLAIMED:		\$ _____
TOTAL AMOUNT CLAIMED:		\$ _____

I swear (or affirm) the truth and correctness of the above statements and that the work performed was, in my best judgment, necessary for the adequate preparation of the above-named case. Further, I swear (or affirm) that this request is made in the absence of other sources of prepayment or reimbursement and that if any attorney fees are otherwise recovered, I shall return an equivalent amount to the District Court fund.

_____ Attorney's Signature _____ Date

A P P R O V E D N		\$ _____	
	Assigned Judge's Signature	Date	Amount Approved
	If the total of the reimbursement requested for out-of-pocket expenses and that already allowed exceeds \$5,000, the approval of a majority of the judges on the Non-Appropriated Fund Committee is required. Reimbursement in excess of \$10,000 must be approved by four district judges.		
	Chairperson Non-Appropriated Fund	Date	Amount Approved