Rev
05/2010

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): G Interim Payment G Final Payment

Check box if previous payments have been made in this case: G Amount previously paid: $

Judgment Entered? G Yes G 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: G Attorney G 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

	Hours Claimed	Total Amount Claimed
In Court:		
Conferences		
Hearings		
Trial		
Other (specify on additional worksheet)		
(RATE PER HOUR = $) **IN COURT TOTALS:**		
Out of Court:		
Interviews and Conferences		
Discovery		
Legal Research and Brief Writing		
Travel Time		
(RATE PER HOUR = $) **OUT OF COURT TOTALS:**		
OVERALL TOTALS:		
TOTAL COMPENSATION CLAIMED:	$	

(Note: The maximum compensation for attorney's fees for any one appointment in a civil case is $2,500.)

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 Appointed to Represent Indigent Parties in Civil Proceedings pursuant to 28 U.S.C.' 1915(e) for guidance on allowable itemized expenses

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 to (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

APPROVED FOR PAYMENT

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