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|---|
| Name of attorney making request: |
| Case Name: |
| Case number and County: |
| Charge: |
| List type of cost/expense requested: |
| List reasons this cost/expense is necessary for the case (attach additional page if necessary): |
| Set forth approximate amount expenditure will be, including hourly rate, quotes, out-of-pocket expenses, and approximate hours expert or witness will expend on the case: |

What efforts have been made to find alternatives to the above requested expenditures, if any:

Attorney Signature:

Date:

The attached request for payment is APPROVED DENIED MODIFIED as follows:

Date:

Signature:

Faxed or mailed to (attorney):

Date:

Initials: