

(Name of Attorney & Contact Information)

**UNITED STATES DISTRICT COURT
DISTRICT OF OREGON**

Plaintiff,
v.

Case No. _____-CV-_____

**MOTION FOR REIMBURSEMENT OF
OUT-OF-POCKET EXPENSES**

Defendant.

Pursuant to the Court's Pro Bono Representation Program, I hereby move the Court for reimbursement of the following out-of-pocket expenses incurred to represent _____ (name of litigant).

EXPENSES BEING CLAIMED (Receipts attached):

Copy Costs:	\$ _____
Deposition costs or transcripts:	\$ _____
Travel expenses:	\$ _____
Telephone charges:	\$ _____
Court fees:	\$ _____
Witness fees:	\$ _____
Interpreter fees:	\$ _____
Other (list & describe below)	\$ _____
Total:	\$ _____

I have or have not previously submitted a claim for reimbursement in this case.
The amount of claims to date submitted in this case total: \$ _____.

I swear or affirm that the expenses listed above were reasonably and necessarily incurred in this case to:

Complete the appointment for the specific purpose of:

Complete an Appointment for All Purposes and that the expenses listed are not recoverable in the event that the litigant prevails.

Dated this _____ day of _____, 20____.

Signature

Pro Bono Counsel for _____

Other Expenses (from Page 1):

Expense Description	Amount Being Claimed (Receipts attached)
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$