

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
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Plaintiff,	VOUCHER NO.
-against-	DOCKET NO. Civ. () ()
Defendant.	APPLICATION FOR REIMBURSEMENT FROM <i>PRO BONO</i> FUND
-----X	

Client's name: _____

Pro Bono Attorney: _____ S.D.N.Y. Bar Code: _____

Law firm: _____

Address: _____

Phone: _____

Date of Entry of Judgment/Order or Attorney Withdrawal: _____

The above referenced *Pro Bono* attorney, having submitted the attached claims for reimbursement and supporting documentation, requests reimbursement for the following:

- | | |
|-------------------------------------------------|----------|
| 1. Fees for service of papers | \$ _____ |
| 2. Fees for transcripts | \$ _____ |
| 3. Fees for witnesses | \$ _____ |
| 4. Compensation of expert witness(es) | \$ _____ |
| 5. Compensation of medical exam(s) | \$ _____ |
| 6. Compensation of investigator(s) | \$ _____ |
| 7. Compensation of interpreter(s) | \$ _____ |
| 8. Travel expenses | \$ _____ |
| 9. Photocopies, telephone, administrative costs | \$ _____ |

Total (lines 1 through 9)	Total \$ _____
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NOTE: Proper documentation and/or receipts must be submitted with this voucher requesting reimbursement. All reimbursements are subject to the \$5,000.00 maximum allowance under the Court's policy governing the *Pro Bono* Fund. **Do not file this application with the Court. Instead, please submit it *ex parte* to the *Pro Se* Office.**

DECLARATION

I declare under penalty of perjury that the foregoing expenses were necessarily incurred in this action and that the services for which fees have been requested were actually and necessarily performed. I further declare that I undertook this case as requested by the Court pursuant to 28 U.S.C. § 1915(e), I have not made a previous application to the *Pro Bono* Fund for reimbursement in this case. (If a previous application for reimbursement has been made, indicate the date of such application, the voucher number, and the amount that has been reimbursed).

Signature of Attorney

Date: _____

Approved for payment in the amount of: _____

District Judge

Date: _____

Approved for payment in the amount of: _____

Chief Judge

Date: _____

TOTAL APPROVED PAYMENT: _____