



**United States District Court
Southern District of New York**

VOUCHER FOR PRO BONO ATTORNEY EXPENSES IN CIVIL CASE

Case name and number: _____

Client's name: _____

Date of any relevant preauthorization of expenses _____

Date of any entry of judgment, attorney withdrawal, or
notice of completion: _____

Under the Pro Bono Fund Order (available at: http://nysd.uscourts.gov/pro_bono_faq.php), the presiding judge may approve reimbursement of expenses up to \$5,000. Requests in excess of \$5,000 must be approved by both the presiding judge and the chief judge. Certain expenses must be preauthorized. In addition, amounts reimbursed may have to be repaid, in whole or in part, if the case settles with the payment of money, if the party is awarded money damages, or if the party is entitled to an award of costs under any statute or rule.

To avoid disallowance of reimbursement, please carefully read and follow the procedures set forth in the Pro Bono Fund Order.

Have you previously applied to the court for reimbursement for this case?

Yes No

If yes, please attach prior vouchers.

You may use the spreadsheet below or attach your own.

Description	Amount Claimed	Court Use Only Approved Amount
Mileage and Travel:	\$	\$
Photocopies:	\$	\$
Telephone Calls:	\$	\$
Depositions and Transcripts:	\$	\$
Interpreter Services:	\$	\$
Expert Fees:	\$	\$
Computerized Legal Research:	\$	\$
Postage/mailing:	\$	\$
Other:	\$	\$
Total Reimbursement:	\$	\$

Use additional sheets if necessary. You must attach proof of expenses and, if required under the Pro Bono Fund Order, proof of preapproval. If you have previously applied for reimbursement in this case, please attach those vouchers.

DECLARATION

I declare under penalty of perjury that: the claimed expenses were necessarily incurred in this action; I undertook this case at the request of the Court or the legal-advice clinic authorized by the Court; if I have previously applied for reimbursement, I have attached the earlier voucher; I have read and complied with the terms of the Pro Bono Fund Order.

Attorney Signature: _____ Date: _____

Attorney Name: _____

Firm Name: _____

Address: _____

Telephone Number: _____ E-mail address: _____

To whom should check be made payable? _____

FOR COURT USE ONLY

Total approved amount: _____

Approved by: _____
Judicial Officer Signature Date

Approved by: _____
Chief Judge Signature (if required) Date

Submit this form to the assigned judge. (Do not file it on ECF.) The assigned judge will, if required under the Pro Bono Fund Order, forward it to the Chief Judge. If the voucher is approved, it will be forwarded to the Cashier's Office for disbursement of funds.

To check on the status of a request for reimbursement, please call (212) 805-0600.