SOUTHERN DISTRICT OF NEW YORKX	
Plaintiff,	VOUCHER NO.
-against-	DOCKET NO. Civ. ()()
Defendant.	APPLICATION FOR REIMBURSEMENT FROM <i>PRO BONO</i> FUND
Client's name:	
Pro Bono Attorney:	S.D.N.Y. Bar Code:
Law firm:	
Address:	
Phone:	
Date of Entry of Judgment/Order or Attorney With	drawal:
The above referenced <i>Pro Bono</i> attorney, has	aving submitted the attached claims for
reimbursement and supporting documentation, requ	uests 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	\$

UNITED STATES DISTRICT COURT

<u>NOTE</u>: 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:
proved for payment in the amount of:	
District Judge	
Date:	
proved for payment in the amount of:	
Chief Judge	
Date:	

TOTAL APPROVED PAYMENT: _____