



**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: <https://nysd.uscourts.gov/forms/pro-bono-fund-order>), an attorney who appears on behalf of an indigent pro se litigant at the request of a judge of this Court or at the request of an authorized legal-advice clinic may request reimbursement of expenses. The presiding judge may approve reimbursement of expenses up to \$5,000. Requests in excess of \$5,000 must be approved by the 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.

<b>Description</b>	<b>Amount Claimed</b>	<b>Court Use Only Approved Amount</b>
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 Cashier's Office, which will review the form before forwarding it 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.