

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

Federal Civil Panel
Attorney Application for Expense Reimbursement

Instructions:

This application is submitted by a Federal Civil Panel attorney providing pro bono legal services, seeking reimbursement of authorized expenses from the District Court Fund. A limit of \$10,000.00 reimbursement per case is established by the Revised Standing Order for the District Court Fund, but the full amount of expenses incurred should be shown. Exceptions to the limit must be requested in writing, attached to the application for reimbursement. To qualify as an allowable expense, the expense must have been incurred on or after 1/1/05. The types of allowable expenses are identified on this form.

An interim application for reimbursement may be made during the active period of the case. Counsel, however, shall submit their final application for reimbursement within sixty (60) days from the end of their participation in the case, or completion of the case by settlement, trial, appeal, or other means.

In the event that a panel attorney represents the prevailing party, he/she shall promptly petition to recover costs and, if successful, shall repay the District Court Fund for any allowable expenses previously reimbursed.

The District Court Fund's resources may not be able to cover all authorized litigation expenses requested.

C.A. Number: _____

Caption: _____ v. _____

Name of Attorney
and Law Firm: _____

Request Check Payable to: _____
(Payee - Attorney or Law Firm)

Expense Items: (Indicate amount and date of each expense)

- Expert(s) \$ _____ Date(s) _____
- Interpreter \$ _____ Date(s) _____
- Investigation \$ _____ Date(s) _____
- Deposition Transcript(s) \$ _____ Date(s) _____
- Process Server or Witness Fees \$ _____ Date(s) _____
- Attorney's Travel Costs \$ _____ (Describe below) Date(s) _____



Miscellaneous Expenses (costs for copies, postage, faxes, phone calls, etc.):

\$ _____ (Total Misc.; Indicate amount and date for each item below or on attached sheets)

All listed items of expense are supported by receipts or statements for services, copies attached.

I hereby apply for expense reimbursement of \$ _____. I have have not previously applied for reimbursement of expenses in subject case. If a previous reimbursement was made, I hereby indicate the date and amount received:

In the event that I represent the prevailing party and successfully recover costs from other sources, I understand my responsibility to repay the District Court Fund for any allowable expenses previously paid.

(Date)

(Signature of Attorney)

Submit completed form to:

Do not file/docket this application electronically

Office of the Clerk
United States District Court
ATTN: Federal Civil Panel Coordinator
844 North King Street, Room 4209, Unit 18
Wilmington, DE 19801-3570

(For Court Use)

<p>1. <u>Federal Civil Panel Coordinator:</u></p> <p style="text-align: right;">→</p> <p>Date/Signature</p>	<p>2. <u>Clerk of Court:</u></p> <p>Date/Signature</p>	<p>3. <u>Assigned Judge - for claims up to \$10,000.00:</u></p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED</p> <p>Date/Signature</p>
<p>4. <u>Assigned Judge - for Claims in excess of \$10,000.00:</u></p> <p>Total Amount Payable: \$ _____</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED</p> <p>Date/Signature</p>	<p>5. <u>Financial Administrator:</u></p> <p>Received date: _____</p> <p>Disbursement date: _____</p> <p>Amount Paid: _____</p> <p>Payment Date/Signature</p>	<p>6. <u>Federal Civil Panel Coordinator:</u></p> <p>(Update Records & File)</p>