

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF LOUISIANA

CIVIL ACTION

VERSUS

NO.

MOTION FOR REIMBURSEMENT
OF CIVIL PRO BONO PANEL COSTS

Client's Name: _____

Pro Bono Attorney: _____; La. Bar No. _____

Law Firm: _____

Attorney's Address: _____

Attorney's E-Mail Address: _____

Attorney's Telephone No(s). _____

Date of Entry of Judgment, Final 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 experts | \$ _____ |
| (5) | Travel expenses | \$ _____ |
| (6) | Photocopies | \$ _____ |
| (7) | Telephone | \$ _____ |
| | Total | \$ _____ |

NOTE: Proper documentation and/or receipts must be submitted with this motion requesting reimbursement. All reimbursements are subject to the \$2,500 maximum per case allowance under the En Banc Court's resolution governing the Civil Pro Bono Panel. **File this motion with the Clerk of Court, who will route it to the appropriate Magistrate Judge.**

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 for Civil Pro Bono Panel reimbursement in this case. (If a previous application for reimbursement has been made, indicate the date of such application and the amount that has previously been reimbursed: date: _____ \$ _____.)

Signature of attorney

Date