C O N F I D E N T I A L

REQUEST FOR PRE-AUTHORIZATION OF NON-ROUTINE EXPENSES (ORS 135.055(3))

A DETAILED JUSTIFICATION STATING WHY THE REQUESTED SERVICE OR EXPENSE IS REASONABLE AND NECESSARY MUST BE SUBMITTED WITH THIS FORM

Retained ☐ Appointed ☐ **RUSH** ☐

County: _____ Case type: _____ Case number: _____

Client's first name: _____ Client's last name: _____

Attorney name: _____ Bar #: _____ Email:_____

Provider's name: _____ Provider's city: _____ Provider's Phone: _____

1. SERVICE OR ITEM REQUESTED

☐ Investigation ☐ Forensic ☐ Psychosexual Evaluation ☐ DNA
☐ Polygraph ☐ Mitigation ☐ Psychiatric/Psychological ☐ Other Expert
☐ Transcript ☐ Interpreter ☐ Copies of _____ ☐ Other _____

Type of Service	No. of Hours	Rate Per Hour	Total
		$	$
		$	$
		Total Service	**$**

Type of Item	No. Each	Cost Each	Total
		$	$
		$	$
		Total Items	**$**

2. TRAVEL REQUESTED

Leaving from: _____ Going to: _____

Type of Travel					Total
☐ Auto	Estimated number of miles		at $	per mile	$
☐ Air (PLEASE NOTE: all approved air travel must be booked through Azumano Travel)					$
☐ Rental car					$
☐ Lodging	Number of nights	at $	per night		$
☐ Meals	Number of days	at $	per day		$
☐ Other Travel Expense					$
				Total Travel	**$**

GRAND TOTAL REQUESTED $_____

I am the attorney representing the client named on this form. I have reviewed and approve this submission

_____ _____ _____

Signature of Attorney Signature Date Effective Date*

***If effective date is different from submission date, state the reason in the attached justification. Email completed form and justification to NRE@opds.state.or.us OR fax to (503) 378-4463. Email is the preferred method of delivery. If you email or fax, please do not also mail.**

Rev. 11/2011