

CONFIDENTIAL

**REQUEST FOR PAE: PRE-AUTHORIZED EXPENSES
(ORS 135.055(3))**

Signature Date
(for internal use):

COUNTY: _____

ATTORNEY NAME: _____

PROVIDER NAME: _____

CASE TYPE: _____

BAR #: _____

BUSINESS NAME: _____

CASE NUMBER*: _____

ATTORNEY PHONE: _____

PROVIDER PHONE: _____

CLIENT LAST NAME: _____

ATTORNEY EMAIL: _____

PROVIDER CITY: _____

CLIENT FIRST NAME: _____

ATTORNEY FIRM: _____

****If assigned to more than one case for a client, select case number with the highest charge. ****

1. SERVICE OR ITEM REQUESTED

SERVICE TYPE: _____

SERVICE REQUESTED: _____

if other, please explain:

SERVICE REQUESTED	QUANTITY	RATE	TOTAL
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SERVICE TOTAL: _____

2. TRAVEL REQUESTED

Are you requesting any travel expenses? Yes No

FOR WHOM/TRAVELER: _____

DEPARTING FROM: _____
(city/state)

ARRIVING AT: _____
(city/state)

TYPE OF TRAVEL (PLEASE NOTE: THE GSA RATE WILL BE USED UNLESS OTHERWISE REQUESTED IN THE FILLABLE BOX BELOW)

MILEAGE* - ESTIMATED NUMBER OF MILES: _____ *PERSONAL VEHICLE MILEAGE ONLY

AIRFARE (PLEASE NOTE: ALL APPROVED AIR TRAVEL MUST BE BOOKED THROUGH CTM AND EXPIRES 60 DAYS AFTER APPROVAL)

TRAVEL TIME - HOURS: _____ RATE: _____ TOTAL: _____

MEALS - NUMBER OF DAYS: _____

LODGING - NUMBER OF NIGHTS: _____

RENTAL CAR - NUMBER OF DAYS: _____

OTHER TRAVEL EXPENSE: _____ QUANTITY: _____ RATE: _____ TOTAL: _____

TRAVEL COST REQUESTED ABOVE THE GSA RATE
IF YOU ARE REQUESTING ANY TRAVEL COST AT ABOVE THE GSA RATE,
PLEASE PROVIDE THE RATE AND REASONING BELOW:

GRAND TOTAL: _____

****PLEASE NOTE: Totals for expenses at the GSA rate are not reflected in this total, but will be included on the authorization received.**

PLEASE ANSWER ALL QUESTIONS BELOW.

- 1. Is the attorney court-appointed or retained?**
- 2. What are the charges/allegations? Please list any other case numbers for this client as well.**
- 3. Are there co-defendants?**
- 4. Has a previous request been made in the case for similar or related services?**
- 5. What will the provider do and why is the service needed? Please provide information about the client's background and circumstances that might support a conclusion that there is a reasonable probability the requested expense will produce a benefit for the defense.**

6. Will the provider work for the guideline rate or their established OPDC rate?

7. Please justify why the number of hours/pages requested are reasonable and necessary to the defense.

8. If approved, this authorization will expire 180 days after the approval date. Does the provider need more than 180 days to complete the service? If yes, please explain why.

9. Is service required within 48 hours? If yes, please explain why.

I am the attorney representing the client named on this form and justification. I have reviewed this request and have approved this submission and justification.

Electronic signature is valid. Please do not print and sign this form.

Signature of Attorney*

Submission Date

Does this request need to be backdated?

PLEASE NOTE: Services/expenses prior to the effective date will not be paid.

Effective Date