

**CONFIDENTIAL**

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**

- |                                        |                                      |                                                    |                                       |
|----------------------------------------|--------------------------------------|----------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Investigation | <input type="checkbox"/> Forensic    | <input type="checkbox"/> Psychosexual Evaluation   | <input type="checkbox"/> DNA          |
| <input type="checkbox"/> Polygraph     | <input type="checkbox"/> Mitigation  | <input type="checkbox"/> Psychiatric/Psychological | <input type="checkbox"/> Other Expert |
| <input type="checkbox"/> Transcript    | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Copies of _____           | <input type="checkbox"/> Other _____  |

Type of Service	No. of Hours	Rate Per Hour	Total
		\$	\$
		\$	\$
<b>Total Service</b>			<b>\$</b>

Type of Item	No. Each	Cost Each	Total
		\$	\$
		\$	\$
<b>Total Items</b>			<b>\$</b>

**2. TRAVEL REQUESTED**

Leaving from: \_\_\_\_\_ Going to: \_\_\_\_\_

Type of Travel	Total	
<input type="checkbox"/> Auto Estimated number of miles at \$ per mile	\$	
<input type="checkbox"/> Air (PLEASE NOTE: all approved air travel must be booked through Azumano Travel)	\$	
<input type="checkbox"/> Rental car	\$	
<input type="checkbox"/> Lodging Number of nights at \$ per night	\$	
<input type="checkbox"/> Meals Number of days at \$ per day	\$	
<input type="checkbox"/> Other Travel Expense	\$	
<b>Total Travel</b>		<b>\$</b>

**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](mailto: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.**