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

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

AID AND ASSIST SHORT FORM

Retained ☐ Appointed ☐

County: ____________ Case Type: ____________ Case Number: ____________

Client's First Name: ____________ Client's Last Name: ____________

Attorney Name: ____________ Bar #: ____________ Email: ____________

Provider's Name: ____________ Business Name: ____________

Provider's City: ____________ Phone: ____________

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

Number of hours requested: ______ *If additional hours are needed, please use the long form.*

Is the evaluator providing bilingual services for this evaluation? Yes No

Provider agrees to work at their OPDC established rate *If not, please use the long form and include justification. If this is a new provider that does not have an OPDC established rate please use the long form and include a CV.*

Do you believe your representation of this client requires you to obtain Aid and Assist evaluation? Yes No

Attorney has concerns that client is unable to aid and assist for the following reasons (please check all that apply):

- Attorney's interaction with client indicates client may be unable to understand the nature of the proceedings
- Attorney's interaction with client indicates client may be unable to assist and cooperate
- Attorney's interaction with client indicates client may be unable to participate with own defense

Attorney also certifies that at least one of the following applies (please check all that apply):

- Documented mental health history or intellectual disability diagnosis
- Previously committed to Oregon State Hospital
- Previous civil commitment
- Previous aid & assist evaluation
- Displays symptoms of a qualifying mental disorder

Are you requesting any travel expenses?

DEPARTING FROM: ____________ **ARRIVING AT:** ____________

MILEAGE - ESTIMATED NUMBER OF MILES: ______ **TRAVEL TIME - HOURS:** ______

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

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

____________________ ____________________

Signature of Attorney* **Submission Date/Effective Date**

***Electronic signature is valid. There is no need to print and sign this document.**