

**C O N F I D E N T I A L**  
REQUEST FOR PAE: PRE-AUTHORIZED EXPENSE (ORS 135.055(3))  
**INVESTIGATION 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. This form may only be used once.\*\***

**Number of hours requested:** \_\_\_\_\_ *If additional hours are needed, please use the long form where you may offer justification.*

**Rate requested:** \_\_\_\_\_ *If increased rate is needed, please use the long form where you may offer justification.*

**If you have selected the rate of \$60, please check this box as confirmation you have requested a bilingual investigator.**

**Number of miles requested: 250** *This is only an estimate. Actual mileage will be reimbursed for private vehicle use for in-state travel and up to 100 miles outside the Oregon state line.*

**Is this the first request for investigation on this case?** Yes      No *If the answer is no, please use the long form where you may offer justification.*

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

\_\_\_\_\_  
Signature of Attorney\*

\_\_\_\_\_  
Submission/Effective Date

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

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