

CONFIDENTIAL
 REQUEST FOR PRE-AUTHORIZATION OF NON-ROUTINE
 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: _____

*PLEASE NOTE: Case number should be the number with the highest charge/highest conviction.

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

Please check this box if you are requesting any travel expenses.

FOR WHOM/TRAVELER: _____

DEPARTING FROM: _____ ARRIVING AT: _____
(city/state) (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 CONTINUE TO PAGE 2 TO COMPLETE THE DETAILED
 JUSTIFICATION STATING WHY THE REQUESTED SERVICE IS
 REASONABLE AND NECESSARY.**

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 OPDS rate?

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

8. Is rush consideration requested?

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.

Signature of Attorney*

Submission Date

Effective Date**

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

**Is effective date different from submission date?

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