

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TEXAS
_____ DIVISION**

V.

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§
§

.....Case No.

CLAIM FOR REIMBURSEMENT OF ATTORNEY FEES AND EXPENSES

I was appointed by the Honorable _____, United States District Court Judge, to represent _____, in the above captioned case.

Final judgment was entered on _____.

I withdrew from the case on _____, prior to entry of judgment.

The case was dismissed on _____, prior to entry of judgment.

In accordance with the provisions of the Plan, I am requesting reimbursement for fees and expenses as follows:

Fees Claimed:	
Expenses Claimed:	
Total Amount Claimed:	

I have attached to this Claim a detailed Hourly Fees Worksheet (with a description of services rendered) or a Report of Expenses Claimed Worksheet, as appropriate, along with all required receipts.

I certify the above attorney's fees and expenses were incurred in the preparation and presentation of this case; that these attorney's fees and expenses do not include any costs either waived or recoverable under the provision of Title 18 or Title 28, United States Code, or which have been recovered under any other plan; and no attorney's fees or expenses were awarded pursuant to a judgment before this court. ""

_____ aaaaa _____
Attorney Signature

Attorney's Printed Name

Pending approval from the Non-Appropriated Fund Committee, the above claim for payment of attorney's fees is APPROVED in the amount of \$_____.

Pending approval from the Non-Appropriated Fund Committee, the above claim for reimbursement of expenses is APPROVED in the amount of \$_____.

The above claim for reimbursement is DENIED.

Date

CLAIM FOR REIMBURSEMENT OF ATTORNEY'S FEES AND/OR
REIMBURSEMENT OF EXPENSES FROM THE
NON-APPROPRIATED FUND

Civil Case Number:

Date Court Approved Expenses:

TYPE OF EXPENSE	AMOUNT
Depositions and Transcripts:	
Investigative or Expert Services	
Investigative:	
Expert:	
Travel Expenses	
Mileage at \$ per mile: (no. of miles)	
Parking:	
Lodging:	
Fees for Service of Process:	
Interpreter Services:	
Other	
Photocopying:	
Photographs:	
Telephone Toll Calls:	
TOTAL EXPENSES CLAIMED:	
X	
Signature	Date

Supporting documentation, such as receipts, must be attached to this worksheet.

INSTRUCTIONS

Date Column

Insert actual date of service. Dates must be in chronological order.

Description Column

Attorney must provide brief, but appropriately detailed description of services noted in “Services Provided” columns per following examples:

Services Provided Column Headings

Description Column Example

Prepare and Review Case Documents

Interrogatory’s
Request for Production of Documents
Request for Admissions
Discovery

Prepare and Review Pleadings

Motion to Compel
Motion for Summary Judgment
Motion for Dismissal
Motion to Transfer Judgment
Motion for Continuance

Prepare For and Attend Depositions

Prepare For and Attend Mediation

Prepare and/or Review Pretrial Materials:

Motions in Limine
Witness Lists
Exhibit Lists

Travel Time

Investigative Work:

Interviews
Review Private Investigator Reports

Other:

Other services not classified above.

Columns

Indicate hours logged on each date, for each service provided, in appropriate column.

Note: Prepare separate worksheets for different CJA hourly rates. Multiply hours by CJA rate effective on date of service. Current and historical CJA rate information can be found at <http://www.txwd.uscourts.gov/cja/default.asp>