

**United States District Court for the Northern District of Illinois**



**REQUEST FOR PREPAYMENT OR REIMBURSEMENT OF EXPENSES**

**FOR CASES FILED ON OR AFTER FEBRUARY 1, 2016**  
*Please refer to instructions before completing this form.*

**Fiscal Use Only**

VOUCHER # \_\_\_\_\_  
 VERIFIED \_\_\_\_\_  
 CHECK # \_\_\_\_\_  
 DATE ISSUED \_\_\_\_\_

**Case Information**

Assigned Judge: _____		Case Number: _____	
Case Title: _____			
Name of party represented: _____			Date appointed: _____
Request for <input type="checkbox"/> Prepayment <input type="checkbox"/> Reimbursement	Previous payments made in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount _____		
Judgment entered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate date of judgement. _____		
Has a fee award been made to you in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of order granting leave to withdraw, if applicable. _____			

**Attorney Information**

Attorney Name: _____		Firm Name: _____		
Street Address: _____	Suite #: _____	City: _____	State: _____	Zip: _____
Phone: _____	Make check payable to: <input type="checkbox"/> Attorney <input type="checkbox"/> Firm			

**Itemized Expenses**

*Please refer to the Regulations Governing the Prepayment and Reimbursement of Expenses in Pro Bono Cases for guidance on approved itemized expenses. In cases filed on or after 02/01/2016, the maximum allowable payment is \$5,000. Requests exceeding \$5,000 shall be submitted to the Executive Committee prior to incurring the expense.*

Depositions and transcripts .....	\$
Investigative, expert or other services.....	\$
Travel expenses.....	\$
Service of papers and witness fees .....	\$
Interpreter services .....	\$
Photographs, photocopies, telephone toll calls .....	\$
Other (please attach description) .....	\$
<b>TOTAL AMOUNT CLAIMED.....</b>	<b>\$</b>

I swear to (or affirm) the truth and correctness of the above statements and that each of the listed expenses are/were, in my best judgment, necessary for the adequate preparation of case number case title. Further, I swear (or affirm) that this request is made in the absence of other sources of prepayment or reimbursement and that if any of these expenses are otherwise recovered, I shall return an equivalent amount to the District Court Fund.

\_\_\_\_\_  
 Attorney's Signature Date

**APPROVED FOR PAYMENT**

_____ Assigned Judge's Signature	_____ Date	_____ Amount Approved
_____ Chief Judge's Signature	_____ Date	_____ Amount Approved

**INSTRUCTIONS FOR COMPLETING  
REQUEST FOR PREPAYMENT OR REIMBURSEMENT OF EXPENSES FORM**

**1) ELIGIBILITY**

Attorneys assigned to represent indigent civil litigants in cases pending on or after January 1, 1983 may be eligible to request prepayment or reimbursement of expenses associated with pro bono matters before the U.S. District Court for the Northern District of Illinois. For complete information on eligibility and restrictions on prepayment or reimbursement, please refer to the Regulations Governing the Prepayment and Reimbursement of Expenses in Pro Bono Cases, which are Appendix E of the Court's Local Rules. The regulations may be found with the local rules on the Court's web site, at <http://www.ilnd.uscourts.gov>.

**2) FILING DEADLINES**

A request for Prepayment or Reimbursement of Expenses may be filed any time during the pendency of the civil action and up to thirty (30) days following the entry of a judgment order. If an attorney assigned to represent an indigent civil litigant is granted leave to withdraw as assigned counsel, any request for reimbursement of expenses must be filed within ninety (90) days of the entry of the order granting leave to withdraw.

**3) COMPLETING THE FORM**

Please complete each item, noting in particular whether the request is for prepayment or reimbursement of expenses, the amount of previous payments from the fund (if any), and the date of a judgment order or order granting leave to withdraw, if any. If no designation is made as to whom a payment check shall be made payable, the check shall be made payable to the attorney. Please attach one copy of all documentation required by the Regulations Governing the Prepayment or Reimbursement of Expenses in Pro Bono Cases. **The request form should be submitted to the Attorney Admissions Coordinator and not filed with the Judge or on the docket.**

**4) REVIEW AND APPROVAL PROCEDURES**

For cases filed on or after February 1, 2016, the assigned judge may approve the prepayment or reimbursement of expenses for amounts up to and equal to **\$2,500.00**. Where the amount requested is less than or equal to **\$2,500.00** and the assigned judge approves payment, the assigned judge shall forward the request form to the Clerk for payment. Where the amount requested exceeds **\$2,500.00** and the assigned judge approves payment, the assigned judge shall forward the request to the Clerk, who will submit it to the Chief Judge for approval. In cases filed on or after February 1, 2016, the Chief Judge may approve prepayment or reimbursement of up to **\$5,000.00**. Upon approval, the Chief Judge shall forward the form to the Clerk for payment. Requests exceeding \$5,000 shall be submitted to the Executive Committee prior to incurring the expense.

**5) ADDITIONAL INFORMATION**

For additional information regarding this form or the Regulations Governing the Prepayment and Reimbursement of Expenses in Pro Bono Cases, please contact:

Attorney Admissions Coordinator  
U. S. District Court  
219 S. Dearborn Street, Room 2058  
Chicago, Illinois 60604  
[ProBono\\_Registration\\_ILND@ilnd.uscourts.gov](mailto:ProBono_Registration_ILND@ilnd.uscourts.gov)