

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
_____ DIVISION

_____)	
)	
Plaintiff(s),)	
)	Case No. _____
vs.)	
)	
_____)	
)	
Defendant(s).)	

MOTION FOR PREPAYMENT OR REIMBURSEMENT OF EXPENSES
PURSUANT TO LOCAL RULE 87

Undersigned counsel pursuant to the [General Order](#), pertaining to the prepayment or reimbursement of expenses incurred by recruited counsel under Local Rule 87, hereby requests the immediate payment of the following funds.

Check box if previous payments have been made in this case: <input type="checkbox"/> Amount \$
Judgment Entered? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date of Judgment:
If applicable, date of order granting leave to withdraw:

Attorney's Name		Make check payable to:	
Firm or Business Name		<input type="checkbox"/> Attorney	
		<input type="checkbox"/> Firm	
Street Address		Suite Number	
City	State	Zip	Business Phone

ITEMIZED EXPENSES

Please refer to the court's [General Order](#) governing the prepayment and/or reimbursement of expenses, for guidance on approvable itemized expenses in Pro Bono Cases.

Depositions and Transcripts	\$	
Investigative and/or Expert Services	\$	
Travel Expenses	\$	
Mileage	\$	
Service of Papers/Witness Fees	\$	
Interpreter Services	\$	
Photographs, Photocopies, Telephone Toll Calls, Fax, Postage	\$	
Other Expenses (Please Attach Description)	\$	
TOTAL AMOUNT CLAIMED	\$	

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 and presentation of the above-named case. Further, I swear (or affirm) that this request is made in 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.

S/ _____
Attorney's Signature

_____ Date

Assigned Judge's Signature:	Date:	Amount Approved:
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THIS MOTION MUST BE ELECTRONICALLY FILED IN THE ABOVE-CAPTIONED MATTER.

NOTE: Submission of an IRS Form W-9, which includes the name of the individual or firm requesting reimbursement and the corresponding tax ID number is required before payment is rendered. The IRS Form W-9 may be emailed directly to finance@insd.uscourts.gov. Please include the appropriate case number and "W-9" in the email subject line.

<p>FOR OFFICE USE ONLY</p> <p>VOUCHER NUMBER VERIFIED CHECK NUMBER DATE ISSUED</p>
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