

PRO BONO / REDUCED FEE LITIGATION FUND
REIMBURSEMENT REQUEST FORM

Funds are available to Judicare and pro bono attorneys handling cases through MLSC-funded agencies only. There is no guarantee that requests will be approved. Reimbursements are based on the availability of funds and subject to review by PBRC.

Sponsoring Agency: _____
 Attorney Name: _____ Phone #: _____
 Firm: _____ Email: _____
 Attorney Mailing Address: _____
 Case Type: Pro Bono (free) Judicare Low bono/Reduced Fee Agency Case No.: _____
 Collaborative Family Law Case through Judicare Project Court Case No.: _____
 Client Name: _____
 Make Check Payable to: _____

Checklist:

Comments:

- All expenses were incurred within the past 60 days
- I understand that all requests for FY18 expenses (7/1/17-6/30/18) are due by 7/15/2018
- I sought pro bono or discounted services
- The following supporting documentation is attached:
 - All receipts, invoices, billings of amounts payable
 - Attachment A: Mileage tracking sheet* (if requesting mileage)
 *form available at www.probonomd.org/litigation-fund-policy

Itemized List of Expenses:

In the space below, provide an itemized list of expenses for which you are seeking payment through the Litigation Fund.

Type of Expense <small>(e.g., postage, mileage, discovery, etc.)</small>	Cost	Description	Date
(1) _____	\$ _____	_____	_____
(2) _____	\$ _____	_____	_____
(3) _____	\$ _____	_____	_____
(4) _____	\$ _____	_____	_____
(5) _____	\$ _____	_____	_____
(6) _____	\$ _____	_____	_____
(7) _____	\$ _____	_____	_____
(8) _____	\$ _____	_____	_____
TOTAL REQUESTED: \$ _____		<input type="checkbox"/> Preapproval Only <input type="checkbox"/> Reimbursement or <input type="checkbox"/> Direct Pay? (select one)	

Attorney Signature: _____ Date: _____

Please review the Litigation Fund Policy (available at www.probonomd.org/litigation-fund-policy) for requirements, restrictions, required forms, and additional information.

For PBRC Use Only	Lit Fund Request: 201__-LF _____
Recommendation: <input type="checkbox"/> Preapproval Only <input type="checkbox"/> Approve in full <input type="checkbox"/> Partial Approval <input type="checkbox"/> Deny	
Comment(s): _____	
For PBRC Executive Director Use Only	
Final Decision: <input type="checkbox"/> Preapproval Only <input type="checkbox"/> Approve in full <input type="checkbox"/> Partial Approval <input type="checkbox"/> Deny	
Signature: _____ Date: _____ Check No.: _____	
Comment(s): _____	

**PLEASE MAIL THIS FORM AND
 REQUIRED DOCUMENTATION TO:**
 Litigation Fund / Pro Bono Resource
 Center of Maryland, Inc.
 520 W. Fayette St., Baltimore, MD 21201

*Questions? Contact Annie Speedie, Esq. at:
 443-703-3051 or aspeedie@probonomd.org*

PRO BONO / REDUCED FEE LITIGATION FUND
ATTACHMENT A: Mileage Tracking Sheet

Funds are available to Judicare and pro bono attorneys handling cases through MLSC-funded agencies only. There is no guarantee that requests will be approved. Reimbursements are based on the availability of funds and subject to review by PBRC. Attorneys are encouraged to attach documentation for claimed mileage (e.g., from Google Maps or MapQuest) to expedite processing.

Sponsoring Agency: _____

Attorney Name: _____ Client Name: _____

Date of Trip	Miles	\$0.50 per mile	Origination Address	Destination Address	Purpose	<i>PBRC-use only</i>
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
Total		\$				

Attorney Signature: _____ Date: _____ (Attachment A, Page _____ of _____)

Please review the Litigation Fund Policy (available at www.probonomd.org/litigation-fund-policy) for requirements, restrictions, required forms, and additional information.

ATTACH TO REIMBURSEMENT REQUEST FORM AND MAIL TO:

Litigation Fund / Pro Bono Resource Center of Maryland, Inc.
 520 W. Fayette St., Baltimore, MD 21201

Questions? Contact Annie Speedie, Esq. at:

443-703-3051 or aspeedie@probonomd.org

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Last updated July 1, 2017