

**Petition for Reimbursement of Civil Pro Bono Expenses**

The Plan for Pro Bono Representation by Appointment in Civil Cases for the United States District Court for the Middle District of Florida allows counsel appointed under the plan to request reimbursement of certain expenses. Please use this form petition to request reimbursement. As stated in the plan: the petition should not be made part of the docket or shared with opposing counsel; counsel must submit supporting documentation; all reimbursement requests should be included in a single submission; counsel may not request reimbursement for an expense that was not included in an approved proposed expense budget; and counsel may not request reimbursement for any itemized expense in an amount greater than the amount included in an approved proposed expense budget for that expense. Please attach any proposed expense budget previously approved by the Court, along with documentation supporting each expense for which counsel seeks reimbursement. Please note that under the plan, counsel must first pay any expense before seeking reimbursement and may not submit unpaid invoices to the Court for direct payment to any provider. The Court will not issue payment directly to a provider. The Court will issue payment to appointed counsel’s law firm using the information provided below. Email the completed petition (in MS Word file format) with supporting documentation (in PDF file format) to pro\_bono\_representation@flmd.uscourts.gov.

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| --- | --- | --- | --- |
| **Case Number** |  | **Date of Petition** |  |
|  |  | Click or tap to enter a date. |
| **Case Name** |  | **Represented Party Name** |
|  |  |  |
| **Requesting Attorney Name** |  | **Date Appointed** |
|  |  | Click or tap to enter a date. |
| **Firm Name** (as it should appear on the reimbursement check) |  | **Total Amount Requested** |
|  |  | $ |
| **Firm Mailing Address** |  | **Is this an Interim Request for Reimbursement?** |
|  |  | Choose an item. |
| **Attorney Phone Number** |  | **Is this a Request for Reconsideration?** |
|  |  | Choose an item.  |
| **Attorney Email Address** |  | **Date of any Previous Petition(s)** (attach full copy of each) |
|  |  | Click or tap to enter a date. |

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| **Itemize Each Expense, State the Amount of Each Expense, and Describe the Supporting Documentation Attached**If this is a request for interim reimbursement, also explain the demonstrated exceptional circumstances that warrant interim reimbursement. If this is a request for reconsideration, also explain why reconsideration is warranted. |

| EXPENSE | **AMOUNT** | **EXPLANATION** |
| --- | --- | --- |
| Court Reporter Fees |  |  |
| Subpoena Fees |  |  |
| Witness Fees |  |  |
| Deposition Fees |  |  |
| Hearing Transcript Fees |  |  |
| Investigator Fees (up to $100 an hour) |  |  |
| Expert Expenses |  |  |
| Travel Expenses (lodging and transportation, with mileage at [official government rate](https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/privately-owned-vehicle-pov-mileage-reimbursement-rates)) |  |  |
| Interpreter Expenses |  |  |
| Copying Expenses (unless electronic submission would have sufficed) |  |  |
| Delivery Service Expenses (unless electronic submission would have sufficed) |  |  |
| Mediation Fees |  |  |
| Other Reasonable and Necessary Expense(s) Permitted Under the Plan: |  |  |
| **TOTAL:** |  |  |

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| Additional CommentsInclude any additional matters you believe would aid the Court in evaluating the reasonableness of the expenses or that you would like the Court to consider when reviewing the petition for reimbursement. |
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| Attorney Certification |  |  |  |
| [ ] By checking this box, I certify that this petition is true and complete, that the expenses requested are reasonable and necessary, that the expenses requested comply with the Court’s Plan for Pro Bono Representation by Appointment in Civil Cases, that I have attached adequate documentation supporting each expense, that each expense was paid to the provider, that each expense and the amount of each expense was previously approved under the plan in a proposed expense budget, that I have attached the proposed expense budget previously approved by the Court, and that I will return the amount of any expense later recovered. I request reimbursement of the total amount requested. |

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| **COURT USE ONLY** |
| **Case Number** |  | **Date of Petition** |  |
|  |  | Click or tap to enter a date. |
|  |  |  |
| **PRESIDING JUDGE REVIEW**(necessary for all petitions) |
| **Presiding Judge** |  |  |
| Click or tap here to enter text.Choose an item. |  |  |
| **Disposition by the Presiding Judge** |  | **Amount Approved** (if applicable) |
| Choose an item. |  | $ |
| **Explanation** (if appropriate) |
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|  |
|  |  | Click or tap to enter a date. |
| **Signature of Presiding Judge** |  | **Date** |  |
|  |  |  |  |
| **BENCH BAR FUND COMMITTEE REVIEW**(necessary for a petition for total expenses that exceed $20,000) |
| **Disposition by Bench Bar Fund Committee** |  | **Amount Approved** (if applicable) |
| Choose an item. |  | $ |
| **Explanation** (if appropriate) |
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|  |  |  |  |
|  |  | Click or tap to enter a date. |
| **Signature of Bench Bar Fund Committee Chair** |  | **Date** |  |
|  |  |  |  |
| **BOARD OF JUDGES REVIEW**(only if counsel requests reconsideration by the Board of Judges) |
| **Disposition by Board of Judges** |  | **Amount Approved** (if applicable) |
| Choose an item. |  | $ |
| **Explanation** (if appropriate) |
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|  |  |  |  |
|  |  | Click or tap to enter a date. |
| **Signature of Chief Judge for Board of Judges** |  | **Date** |  |