

**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:
<input type="checkbox"/> All expenses were incurred within the past 60 days	
<input type="checkbox"/> I understand that all requests for FY18 expenses (7/1/18-6/30/19) are due by 7/01/2019	
<input type="checkbox"/> I sought pro bono or discounted services	
<input type="checkbox"/> The following supporting documentation is attached:	
<input type="checkbox"/> All receipts, invoices, billings of amounts payable	
<input type="checkbox"/> Attachment A: Mileage tracking sheet* (if requesting mileage)	
*form available at <a href="http://www.probonomd.org/lit/rcy/gtullitigation-fund">www.probonomd.org/lit/rcy/gtullitigation-fund</a>	

**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) _____	\$ _____	_____	_____
<b>TOTAL REQUESTED:</b>	\$ _____	[ ] Preapproval Only [ ] Reimbursement or [ ] Direct Pay? (select one)	

Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please review the Litigation Fund Policy (available at [www.probonomd.org/lit/rcy/gtullitigation-fund](http://www.probonomd.org/lit/rcy/gtullitigation-fund)) for requirements, restrictions, required forms, and additional information.*

<b>For PBRC Use Only</b> 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): _____ <hr/> <b>For PBRC Executive Director Use Only</b> 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): _____	<p align="center"><b>PLEASE SEND THIS FORM AND                  REQUIRED DOCUMENTATION TO:</b></p> <p align="center">Caitlin Goldblatt (cgoldblatt@probonomd.org) OR                  *****Pro Bono Resource Center of Maryland, Inc.                  *****720 W. Fayette St., Baltimore, MD 21201</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**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>
		\$				
		\$				
		\$				
		\$				
		\$				
		\$				
<b>Total</b>		\$				

Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Attachment A, Page \_\_\_\_\_ of \_\_\_\_\_)

*Please review the Litigation Fund Policy (available at [www.probonomd.org/hqt/rcy/gtubk/cvqp/hwpf](http://www.probonomd.org/hqt/rcy/gtubk/cvqp/hwpf)) for requirements, restrictions, required forms, and additional information.*

**ATTACH TO REIMBURSEMENT REQUEST FORM AND SEND TO:**

For PBRC Use Only Lit Fund Request: 201_____ -LF_____
----------------------------------------------------------

"Eckrkp'I qrf drw"\*ei qrf drwB r tqdppqo f Qti +""QT  
 .....Pro Bono Resource Center of Maryland, Inc0  
 .....742"Y 0Hc{ gwg"U0'Dcrnko qtg."OF "43423"