

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 FY19 expenses (7/1/19-6/30/20) are due by 7/01/2020
 - 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/lit/rv/gt/ulitigation-fund*

Itemized List of Expenses:

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

	<i>Type of Expense</i> <small>(e.g., postage, mileage, discovery, etc.)</small>	<i>Cost</i>	<i>Description</i>	<i>Date</i>
(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/lit/rv/gt/ulitigation-fund) for requirements, restrictions, required forms, and additional information.

For PBRC Use Only Lit Fund Request: 201__-LF _____

Recommendation: Preapproval Only Approve in full Partial Approval Deny

Comment(s): _____

For PBRC Executive Director Use Only

Final Decision: Preapproval Only Approve in full Partial Approval Deny

Signature: _____ Date: _____ Check No.: _____

Comment(s): _____

**PLEASE SEND THIS FORM AND
REQUIRED DOCUMENTATION TO:**

Caitlin Goldblatt (cgoldblatt@probonomd.org) OR
Pro Bono Resource Center of Maryland, Inc.
720 W. Fayette St., Baltimore, MD 21201

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/hqt/rcy/gtubk/cwqp/hwpf) for requirements, restrictions, required forms, and additional information.

ATTACH TO REIMBURSEMENT REQUEST FORM AND SEND TO:

"Eckrkp'I qrf drw"*ei qrf drwB r tqdppqo f Qti +""QT

*****Pro Bono Resource Center of Maryland, Inc0

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