

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA**

_____,)
)
 Plaintiff)
)
 v.) **Civil Action No.** _____
)
 _____,)
)
 Defendant(s).)

**REQUEST FOR REIMBURSEMENT OF PRO BONO ATTORNEY EXPENSES
IN CIVIL CASES**

Attorney: _____ VA. Bar Number: _____

Law firm: _____

Address: _____

Phone: _____ Email: _____

Date of Entry of Judgment/Order or Attorney Withdrawal: _____

Have you previously applied for reimbursement for this case? Yes No

If yes, provide reimbursement amount and date received: _____

- | | | |
|---|-----------|-------|
| 1. Depositions and Transcripts | \$ | _____ |
| 2. Investigative, Expert or Other Services | \$ | _____ |
| 3. Mileage and Travel Expenses | \$ | _____ |
| 4. Service and Witness Fees | \$ | _____ |
| 5. Interpreter Services | \$ | _____ |
| 6. Photocopies, Printing, Long Distance Calls | \$ | _____ |
| 7. Other Expenses | \$ | _____ |
| Total | \$ | _____ |

DECLARATION

I declare under penalty of perjury that the foregoing expenses were necessarily incurred in this action and that the services for which fees have been requested were actually and necessarily performed.

Date

Signature of Attorney

Approved for payment in the amount of: _____

Judge

Date: _____