(Name of Attorney & Contact Information)

THE UNITED STATES DISTRICT COURT

DISTRICT OF UTAH

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Plaintiff,v.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Defendant. | **MOTION FOR REIMBURSEMENT OF COSTS, EXPENSES, AND FEES**Case No. \_\_\_:\_\_\_\_-cv-\_\_\_\_\_\_\_ |

Under General Order 22-017 and consistent with the court’s Pro Bono Program, I hereby seek reimbursement of the following costs or expenses from the Attorney Admission Fund (Fund), which were reasonably incurred and are related to the scope of the pro bono assignment on behalf of the (name of litigant).

**COSTS OR EXPENSES BEING CLAIMED** (Receipts attached):

|  |  |
| --- | --- |
| Compensation (see attached declaration):Copy Costs: | $ $  |
| Deposition costs or transcripts: | $  |
| Pre-Authorized Travel:AccommodationsCar RentalFlightMileageMeals/ Incidentals | $ $ $ $ $  |
| Telephone charges: | $  |
| Court fees: | $  |
| Witness fees: | $  |
| Interpreter fees: | $  |
| Other (list on attachment): | $  |
| Total: | $  |

I ☐ have or ☐ have not previously filed a motion for reimbursement in this case.

If interim reimbursement has been received, the amount received to date in this case totals: $ .

I swear or affirm that the expenses listed above were reasonably and necessarily incurred in this case complete the appointment for the specific purpose of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that in the event of an award or agreement of attorney’s fees or costs to pro bono counsel during the litigation, the court may order repayment to the Fund of any reimbursements made for fees and expenses in an amount equal to the award.

Dated this day of , 20 .

Signature

Pro Bono Counsel for

Other Costs or Expenses (from Page 1):

|  |  |
| --- | --- |
| **Cost or Expense Description** | **Amount Being Claimed (Receipts attached)** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |