

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
\_\_\_\_\_ DIVISION

_____	)	
	)	
Plaintiff(s),	)	
	)	Case No. _____
vs.	)	
	)	
_____	)	
	)	
Defendant(s).	)	

**EX PARTE**  
**MOTION FOR PREPAYMENT OR REIMBURSEMENT OF EXPENSES**  
**PURSUANT TO LOCAL RULE 87**

Undersigned counsel pursuant to the [General Order](#), pertaining to the prepayment or reimbursement of expenses incurred by recruited counsel under Local Rule 87, hereby requests the immediate payment of the following funds.

Check box if previous payments have been made in this case: <input type="checkbox"/> Amount \$
Judgment Entered? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, Date of Judgment:
If applicable, date of order granting leave to withdraw:

Attorney's Name		Make check payable to:	
Firm or Business Name		<input type="checkbox"/> Attorney	
		<input type="checkbox"/> Firm	
Street Address		Suite Number	
City	State	Zip	Business Phone

**ITEMIZED EXPENSES**

*Please refer to the court's [General Order](#) governing the prepayment and/or reimbursement of expenses, for guidance on approvable itemized expenses in Pro Bono Cases.*

Depositions and Transcripts	\$	
Investigative and/or Expert Services	\$	
Travel Expenses	\$	
Mileage	\$	
Service of Papers/Witness Fees	\$	
Interpreter Services	\$	
Photographs, Photocopies, Telephone Toll Calls, Fax, Postage	\$	
Other Expenses (Please Attach Description)	\$	
<b>TOTAL AMOUNT CLAIMED</b>	<b>\$</b>	

I swear to (or affirm) the truth and correctness of the above statements and that each of the listed expenses are/were, in my best judgment, necessary for the adequate preparation and presentation of the above-named case. Further, I swear (or affirm) that this request is made in absence of other sources of prepayment or reimbursement and that if any of these expenses are otherwise recovered, I shall return an equivalent amount to the District Court Fund.

S/ \_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date

**THIS MOTION MUST BE ELECTRONICALLY FILED IN THE ABOVE-CAPTIONED MATTER.**

Submission of an IRS Form W-9, which includes the name of the individual or firm requesting reimbursement and the corresponding tax ID number is required. The IRS Form W-9 may be emailed directly to [finance@insd.uscourts.gov](mailto:finance@insd.uscourts.gov). Please include the appropriate case number and "W-9" in subject line.

**EX PARTE ORDER GRANTING MOTION FOR PREPAYMENT OR REIMBURSEMENT OF EXPENSES PURSUANT TO LOCAL RULE 87**

Date:

Assigned Judge's Signature:

Amount Approved: \$

Distribution:

<p><b>FOR OFFICE USE ONLY</b></p> <p>VOUCHER NUMBER          VERIFIED          CHECK NUMBER          DATE ISSUED</p>
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