

**Proposed Expense Budget for Civil Pro Bono Appointment**

The Plan for Pro Bono Representation by Appointment in Civil Cases for the United States District Court for the Middle District of Florida allows appointed counsel to request reimbursement of certain expenses. The plan requires appointed counsel to submit for approval a proposed expense budget no later than sixty days after the date of the order of appointment. Please use this form to submit a proposed expense budget for approval under the plan. Please only include expenses permitted under the plan. As stated in the plan, the Court will not reimburse: (1) any expense that was not included in an approved proposed expense budget; or (2) any single expense in an amount greater than what was approved in a proposed expense budget. Email the completed proposed expense budget (in MS Word file format) and any supporting documentation (in PDF file format) to [pro\_bono\_representation@flmd.uscourts.gov](mailto:pro_bono_representation@flmd.uscourts.gov).

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| --- | --- | --- |
| **Case Number** |  | **Date of Proposed Expense Budget** |
|  |  | Click or tap to enter a date. |
| **Case Name** |  | **Represented Party Name** |
|  |  |  |
| **Requesting Attorney Name** |  | **Date Appointed** |
|  |  | Click or tap to enter a date. |
| **Firm Name** |  | **Total Proposed Budget Amount** |
|  |  | $ |
| **Firm Mailing Address** |  | **Is this an Amendment to a Previous Budget?** |
|  |  | Choose an item. |
| **Attorney Phone Number** |  | **Is this a Request for Reconsideration?** |
|  |  | Choose an item. |
| **Attorney Email Address** |  | **Date of any Previous Budget(s)** (attach full copy of each) |
|  |  | Click or tap to enter a date. |

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| **Itemize Each Proposed Expense and State the Amount of Each Expense**  A proposed expense budget must be commensurate with the full scope of the appointment and itemize all reimbursable expenses appointed counsel reasonably anticipates will be incurred in connection with the appointment. Appointed counsel must make every effort to ensure that the amount estimated for any itemized expense in the budget is reasonable, realistic, and adequate. If this is an amendment to a previous budget, explain the reason for the amendment. If this is a request for reconsideration, explain why reconsideration is warranted. |

| EXPENSE | **ESTIMATED AMOUNT** | **EXPLANATION** |
| --- | --- | --- |
| Court Reporter Fees |  |  |
| Subpoena Fees |  |  |
| Witness Fees |  |  |
| Deposition Fees |  |  |
| Hearing Transcript Fees |  |  |
| Investigator Fees (up to $100 an hour) |  |  |
| Expert Expenses |  |  |
| Travel Expenses (lodging and transportation, with mileage at [official government rate](https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/privately-owned-vehicle-pov-mileage-reimbursement-rates)) |  |  |
| Interpreter Expenses |  |  |
| Copying Expenses (unless electronic submission would have sufficed) |  |  |
| Delivery Service Expenses (unless electronic submission would have sufficed) |  |  |
| Mediation Fees |  |  |
| Other Reasonable and Necessary Expense(s) Permitted Under the Plan: |  |  |
| **TOTAL:** |  |  |

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| Additional Comments Include any additional matters you believe would aid the Court in evaluating the reasonableness of the proposed expense budget or that you would like the Court to consider when reviewing the proposed expense budget. |
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| Attorney Certification |  |  |  |
| By checking this box, I certify that the expenses proposed above are reasonable, reimbursable under the Court’s Plan for Pro Bono Representation by Appointment in Civil Cases, commensurate with the full scope of the appointment, reasonably anticipated to be incurred in connection with the appointment, realistic, and adequate based on the information presently available to me. I also certify that none of the expenses proposed above is expressly disallowed under the plan. I understand that the Court will not approve reimbursement for: (1) any expense that was not included in an approved proposed expense budget; or (2) any single expense in an amount greater than what was approved in a proposed expense budget. I also understand that if the proposed expense budget is approved: (1) appointed counsel must first pay any expense before seeking reimbursement from the Court and may not submit unpaid invoices to the Court for direct payment to any provider; and (2) the Court will not issue payment directly to a provider. | | | |

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| **COURT USE ONLY** | | | |
| **Case Number** |  | **Date of Proposed Expense Budget** | |
|  |  | Click or tap to enter a date. | |
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| **PRESIDING JUDGE REVIEW**  (necessary for all budgets) | | | |
| **Presiding Judge** |  |  | |
| Click or tap here to enter text.  Choose an item. |  |  | |
| **Disposition by the Presiding Judge** |  | **Amount Approved** (if applicable) | |
| Choose an item. |  | $ | |
| **Explanation** (if appropriate) | | | |
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|  |  | Click or tap to enter a date. | |
| **Signature of Presiding Judge** |  | **Date** |  |
|  |  |  |  |
| **BENCH BAR FUND COMMITTEE REVIEW**  (necessary for a budget for total expenses that exceed $20,000) | | | |
| **Disposition by Bench Bar Fund Committee** |  | **Amount Approved** (if applicable) | |
| Choose an item. |  | $ | |
| **Explanation** (if appropriate) | | | |
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|  |  |  |  |
|  |  | Click or tap to enter a date. | |
| **Signature of Bench Bar Fund Committee Chair** |  | **Date** |  |
|  |  |  |  |
| **BOARD OF JUDGES REVIEW**  (only if counsel requests reconsideration by the Board of Judges) | | | |
| **Disposition by Board of Judges** |  | **Amount Approved** (if applicable) | |
| Choose an item. |  | $ | |
| **Explanation** (if appropriate) | | | |
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|  |  | Click or tap to enter a date. | |
| **Signature of Chief Judge for Board of Judges** |  | **Date** |  |