

## ALAMEDA COUNTY BAR ASSOCIATION COURT APPOINTED ATTORNEYS PROGRAM

OTHER ANCILLARY SERVICE PROVIDERS Expense Request & Authorization

Attorney:aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	Telephone #⊲aaaaaaaaaaaaaaaaaaaaaaaaaa
Client's Name: aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	Fax #:aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
Case #: aaaaaaaaaaaaaaaaaaaaaaaaaaaaa PFN:"	Charges:_aaaaaaaaaaaaaaaaaaaaaaaa
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<b>EXPERT WITNESS</b> —Reasons expert witness required (please explain):"	
Attached is a letter (email is sufficient) from your expert estimate, including hourly rate for those services.  Name of Expert:  INTERPRETER—Reasons for interpreter services requeste	Expert Witness at an estimate of: \$
Name of Interpreter:	Interpreter at an estimate of: \$
<u>TRANSCRIPTION</u> —Describe what transcription is needed, the number of discs, the "talk time" for each disc, and an estimate for these services:	
Transcription at an estimate of: \$ PHOTOCOPIES—Describe what materials are to be copied, why needed, and the quantity:	
Photocopies at an estimate of: \$ OTHER SERVICES—Describe what other services are requested:	
	Other Services at an estimate of: \$
TOTAL AUTHORIZATION REQUESTED: \$	
CVVQTPG[ "UN PCVWTG-"aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	
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aaaaaa''''Vj ku''gzr gpug''y cu''cwj qtk gf ''qp''y g''\grgr j qpg''qp''aaaaaaaaaaaaaaaaaaaaaa''d{ ''aaaaaaaaaa	
ATTORNEYS: BE SURE TO PROVIDE A COPY OF THIS AUTHORIZATION TO YOUR SERVICE PROVIDER. SEND A COPY OF THIS NOTICE WITH YOUR DECLARATION AND THE INVOICE FOR EXPENSES.	
(FOR CAAP USE ONLY) Authorization Number: aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	
Expert Witness: hrs. @ \$ per hour	Interpreter: hrs. @ \$ per hour
Transcription: hrs. @ \$ 18 per hour  Other:	Photocopies:
Remarks: aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
Date: aaaaaaaaaaaaaaaaa Authorized Signature: aaaaaaaaa	naaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

ONLY THE AUTHORIZED AMOUNTS WILL BE REIMBURSED

Tgx\(\mathbb{B}\) B3 B4"