

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF ILLINOIS

REQUEST FOR PAYMENT FROM THE DISTRICT COURT FUND

VOUCHER  
NUMBER (DCF)

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

Case Title \_\_\_\_\_ Case Number \_\_\_\_\_

PRESIDING JUDGE \_\_\_\_\_

ATTORNEY(S) NAME \_\_\_\_\_ Business Phone No \_\_\_\_\_

FIRM OR BUSINESS NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ Room Number \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF PARTY REPRESENTED \_\_\_\_\_

\_\_\_\_\_ ITEMIZED EXPENSES \_\_\_\_\_

(Please attach documentation for each expense)

DEPOSITIONS AND TRANSCRIPTS	\$ _____
INVESTIGATIVE, EXPERT OR OTHER SERVICES	\$ _____
TRAVEL EXPENSES (_____ miles @ 58.5¢)	\$ _____
WITNESS FEES	\$ _____
INTERPRETER SERVICES; EXPERT WITNESS FEE	\$ _____
PHOTOGRAPHS, PHOTOCOPIES, TELEPHONE TOLL CALLS	\$ _____
OTHER (Please attach description of expense)	\$ _____

EXPENSES TOTAL: | | \$ \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ ITEMIZED ATTORNEY FEES \_\_\_\_\_

IN COURT HOURS CLAIMED: | | | | | \$ \_\_\_\_\_

HEARING TYPE, DATES, AND TIME

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OUT OF COURT HOURS CLAIMED:  
INTERVIEWS AND CONFERENCES  
DATES AND TIME

\$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OBTAINING AND REVIEWING RECORDS  
DATES AND TIME

\_\_\_\_\_  
\_\_\_\_\_

LEGAL RESEARCH AND WRITING  
DATES AND TIME

\_\_\_\_\_  
\_\_\_\_\_

OTHER:

\_\_\_\_\_

ATTORNEY FEES TOTAL:

\$ \_\_\_\_\_

\_\_\_\_\_

TOTAL AMOUNT CLAIMED

\$ \_\_\_\_\_

I swear (or affirm) the truth and correctness of the above statements and that each of the listed expenses were, in my best judgment, necessary for the adequate preparation and presentation of the above-named case. I hereby request reimbursement for the total amount of expenses incurred in the preparation of this case.

Attorney's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approved/Certified  
For Payment \_\_\_\_\_ Date \_\_\_\_\_ Amt Approved/  
Signature of Presiding Judge Certified \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Chief Judge Date \_\_\_\_\_

For Payments over \$1,000 see attached written order.

**FOR OFFICE USE ONLY**

**AMOUNT REMITTED: \$ \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_**

**CLERK'S SIGNATURE**

\_\_\_\_\_ **DATE:** \_\_\_\_\_