

CONFIDENTIAL
REQUEST FOR PAE: PRE-AUTHORIZED EXPENSE (ORS 135.055(3))
ASAM/DRUG & ALCOHOL EVALUATION SHORT FORM

<input type="checkbox"/> Retained	<input type="checkbox"/> Appointed
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County: _____ Case Type: _____ Case Number: _____

Client's First Name: _____ Client's Last Name: _____

Attorney Name: _____ Bar #: _____ Email: _____

Provider's Name: _____ Business Name: _____

Provider's City: _____ Phone: _____

****If assigned to more than one case for a client, select case number with the highest charge. ****

Provider agrees to work at the OPDC established flat rate of \$435. *If not, please use the long form and include justification*

Attorney certifies that at least one of the following applies:

- Client has a history of substance abuse.
- Client has current substance abuse issues.

Attorney certifies that evaluation will be used to:

- Negotiate plea agreement.
- Avoid or reduce incarceration.
- Negotiate probation and/or treatment.
- Determine whether client needs treatment and if so, what level of treatment is needed.

Are you requesting any travel expenses? Yes No	
DEPARTING FROM: _____	ARRIVING AT: _____
MILEAGE - ESTIMATED NUMBER OF MILES: _____	
TRAVEL TIME - HOURS: _____	RATE: _____ TOTAL: _____
<i>Travel rate cannot exceed \$75/hour</i>	

I am the attorney representing the client named on this form. By submitting this form, I certify that I believe an ASAM or Drug & Alcohol Evaluation is necessary for the representation of my client. I have reviewed and approve this submission.

Signature of Attorney*

Submission/Effective Date

PLEASE NOTE: Services/expenses prior to the effective date will not be paid. If request needs to be backdated, the long form must be used in order to provide justification.

*Electronic signature is valid. There is no need to print and sign this document.