

CONFIDENTIAL
REQUEST FOR PAE: PRE-AUTHORIZED EXPENSE (ORS 135.055(3))
ALTERNATIVE SENTENCING EVALUATION (OPE) 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 \$450. *If not, please use the long form and include justification*

Attorney certifies that at least one of the following applies:

- Evaluation will be used to negotiate probation or determine if probation is a suitable alternative.
- A probationary sentence with an appropriate treatment program is likely to be more effective than a presumptive prison term in reducing the risk of offender recidivism.
- The probationary sentence will serve the community safety interests by promoting offender reformation

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 a Alternative Sentencing Evaluation (OPE) 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.