

C O N F I D E N T I A L
REQUEST FOR PAE: PRE-AUTHORIZED EXPENSE (ORS 135.055(3))
INVESTIGATION SHORT FORM

Retained Appointed

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. This form may only be used once.****

Number of hours requested: _____ *If additional hours are needed, please use the long form where you may offer justification.*

Rate requested: _____ *If increased rate is needed, please use the long form where you may offer justification.*

If you have selected the rate of \$60, please check this box as confirmation you have requested a bilingual investigator.

Number of miles requested: 250 *This is only an estimate. Actual mileage will be reimbursed for private vehicle use for in-state travel and up to 100 miles outside the Oregon state line.*

Is this counsel's first request for investigation on this case? Yes No *If the answer is no, please use the long form where you may offer justification.*

I am the attorney representing the client named on this form. 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.**