

**CONFIDENTIAL**

**REQUEST FOR PAE: PRE-AUTHORIZED EXPENSES  
(ORS 135.055(3))**

Signature Date  
(for internal use):

\_\_\_\_\_

COUNTY: \_\_\_\_\_

ATTORNEY NAME: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

CASE TYPE: \_\_\_\_\_

BAR #: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

CASE NUMBER\*: \_\_\_\_\_

ATTORNEY PHONE: \_\_\_\_\_

PROVIDER PHONE: \_\_\_\_\_

CLIENT LAST NAME: \_\_\_\_\_

ATTORNEY EMAIL: \_\_\_\_\_

PROVIDER CITY: \_\_\_\_\_

CLIENT FIRST NAME: \_\_\_\_\_

ATTORNEY FIRM: \_\_\_\_\_

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

**1. SERVICE OR ITEM REQUESTED**

SERVICE TYPE: \_\_\_\_\_

SERVICE REQUESTED: \_\_\_\_\_

if other, please explain:

SERVICE REQUESTED	QUANTITY	RATE	TOTAL
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**SERVICE TOTAL:** \_\_\_\_\_

**2. TRAVEL REQUESTED**

Are you requesting any travel expenses? Yes No

FOR WHOM/TRAVELER: \_\_\_\_\_

DEPARTING FROM: \_\_\_\_\_  
(city/state)

ARRIVING AT: \_\_\_\_\_  
(city/state)

**TYPE OF TRAVEL (PLEASE NOTE: THE GSA RATE WILL BE USED UNLESS OTHERWISE REQUESTED IN THE FILLABLE BOX BELOW)**

MILEAGE\* - ESTIMATED NUMBER OF MILES: \_\_\_\_\_ \*PERSONAL VEHICLE MILEAGE ONLY

AIRFARE (PLEASE NOTE: ALL APPROVED AIR TRAVEL MUST BE BOOKED THROUGH CTM AND EXPIRES 60 DAYS AFTER APPROVAL)

TRAVEL TIME - HOURS: \_\_\_\_\_ RATE: \_\_\_\_\_ TOTAL: \_\_\_\_\_

MEALS - NUMBER OF DAYS: \_\_\_\_\_

LODGING - NUMBER OF NIGHTS: \_\_\_\_\_

RENTAL CAR - NUMBER OF DAYS: \_\_\_\_\_

OTHER TRAVEL EXPENSE: \_\_\_\_\_ QUANTITY: \_\_\_\_\_ RATE: \_\_\_\_\_ TOTAL: \_\_\_\_\_

TRAVEL COST REQUESTED ABOVE THE GSA RATE  
IF YOU ARE REQUESTING ANY TRAVEL COST AT ABOVE THE GSA RATE,  
PLEASE PROVIDE THE RATE AND REASONING BELOW:

**GRAND TOTAL:** \_\_\_\_\_

**\*\*PLEASE NOTE: Totals for expenses at the GSA rate are not reflected in this total, but will be included on the authorization received.**

# **PLEASE ANSWER ALL QUESTIONS BELOW.**

- 1. Is the attorney court-appointed or retained?**
- 2. What are the charges/allegations? Please list any other case numbers for this client as well.**
- 3. Are there co-defendants?**
- 4. Has a previous request been made in the case for similar or related services?**
- 5. What will the provider do and why is the service needed? Please provide information about the client's background and circumstances that might support a conclusion that there is a reasonable probability the requested expense will produce a benefit for the defense.**

**6. Will the provider work for the guideline rate or their established OPDC rate?**

**7. Please justify why the number of hours/pages requested are reasonable and necessary to the defense.**

**8. If approved, this authorization will expire 180 days after the approval date. Does the provider need more than 180 days to complete the service? If yes, please explain why.**

9. Is service required within 48 hours? If yes, please explain why.

I am the attorney representing the client named on this form and justification. I have reviewed this request and have approved this submission and justification.

Electronic signature is valid. Please do not print and sign this form.

\_\_\_\_\_  
Signature of Attorney\*

\_\_\_\_\_  
Submission Date

Does this request need to be backdated?

*PLEASE NOTE: Services/expenses prior to the effective date will not be paid.*

\_\_\_\_\_  
Effective Date