

CONFIDENTIAL
REQUEST FOR PAE: PRE-AUTHORIZED EXPENSE (ORS 135.055(3))
AID AND ASSIST SHORT FORM

Retained	<input type="checkbox"/>	Appointed	<input type="checkbox"/>
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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. ****

Number of hours requested: _____ *If additional hours are needed, please use the long form.*

Is the evaluator providing bilingual services for this evaluation? Yes No

Provider agrees to work at their OPDC established rate *If not, please use the long form and include justification. If this is a new provider that does not have an OPDC established rate please use the long form and include a CV.*

Attorney has concerns that client is unable to aid and assist for the following reasons (please check all that apply):

- Attorney's interaction with client indicates client may be unable to understand the nature of the proceedings
- Attorney's interaction with client indicates client may be unable to assist and cooperate
- Attorney's interaction with client indicates client may be unable to participate with own defense

Attorney also certifies that at least one of the following applies (please check all that apply):

- Documented mental health history or intellectual disability diagnosis
- Previously committed to Oregon State Hospital
- Previous civil commitment
- Previous aid & assist evaluation
- Displays symptoms of a qualifying mental disorder

Are you requesting any travel expenses? Yes No	
DEPARTING FROM: _____	ARRIVING AT: _____
MILEAGE - ESTIMATED NUMBER OF MILES: _____	TRAVEL TIME - HOURS: _____

I am the attorney representing the client named on this form. By submitting this form, I certify that I believe a Aid & Assist Evaluation is necessary for the representation of my client. I have reviewed and approve this submission.

Signature of Attorney*

Submission Date

Effective Date

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

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