



**UNITED STATES DISTRICT COURT**  
**CENTRAL DISTRICT OF CALIFORNIA**  
**312 NORTH SPRING STREET**  
**LOS ANGELES, CALIFORNIA 90012**  
**TEL: 213-894-1215**  
**FAX: 213-894-5084**

**ATTORNEY SETTLEMENT OFFICER REQUEST  
TO INCUR COSTS IN EXCESS OF \$50.00**

**Attorney Settlement Officer:** *(Include address, phone and fax numbers)*

**Case Title:**

**Case Number:**

**Total Costs Requested:** *(Set forth the nature of the contemplated expenditures, the reason for the expenditures, the anticipated total amount and such other information as may be relevant for a determination that there is good cause for the expense to be incurred.<sup>1</sup>)*

\_\_\_\_\_  
*Name of Attorney Settlement Officer (Print)*

\_\_\_\_\_  
*Signature of Attorney Settlement Officer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
**Good cause having been found, authorization is granted to the Attorney Settlement Officer  
to incur the costs described above.**

Amount Approved: \$ \_\_\_\_\_

\_\_\_\_\_  
*ADR Coordinator*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
<sup>1</sup>If extra space is needed, attach additional sheets of paper.