



**UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA  
U.S. COURTHOUSE  
312 NORTH SPRING STREET  
LOS ANGELES, CALIFORNIA 90012-4797  
TEL: 213-894-8521  
FAX: 213-894-8522**

**REQUEST AND AUTHORITY  
TO  
INCUR COSTS IN EXCESS OF \$500.00<sup>1</sup>**

Pro Bono Panel Attorney:

*(Include address, phone and fax numbers)*

Case Title:

Case Number:

Plaintiff Represented:

Total Cost Requested:

Set forth the nature of the contemplated expenditure, the reason for the expenditure, the anticipated total amount including the fixed, hourly, or per piece rate, and such other information as may be relevant for a determination that there is good cause for the expense to be incurred.<sup>2</sup>

\_\_\_\_\_  
Signature of Pro Bono Panel Attorney

\_\_\_\_\_  
Date

**Good cause having been found, authorization is granted to incur the costs described above.**

APPROVED:

\_\_\_\_\_  
CJA Supervising Attorney

\_\_\_\_\_  
Date

<sup>1</sup>If reimbursement is sought during litigation, a signed approved copy of this form must be attached to the Request For Reimbursement of Out-of-Pocket Expenses form and forwarded to the CJA Supervising Attorney.

<sup>2</sup>If extra space is needed, attach additional sheets of paper.