United States District Court for the Eastern District of Missouri

PRO BONO NEUTRAL'S REQUEST FOR REIMBURSEMENT OF SERVICES

Assigned Judge:	ned Judge: Cas			se Number:	
Case Title:					
Date Appointed: Da			te Referral Concluded:		
Neutral fee has been waived/reduced as to: \Box plaintiff \Box defendant \Box third-party defendant (circle one)					
Name of party:					
Γ			<u> </u>		
Neutral's Name:			Make check payable to: ☐ Neutral ☐ Firm		
Firm or Business Name:					
Street Address:				Suite Number:	
City:	State:	Zip:		Phone:	
CLAIM FOR SERVICES					
Please note: Claim only the pro rata share of hours for which the Court has waived or reduced a party's responsibility for your fee. Please attach your complete billing statement to this request. If applicable, subtract from total the reduced portion of your fee that has or will be paid by the party.					
Rate Per Hour (\$) x () Hours Claimed = Total (less reduced fee if applicable): \$					
COMPENSATION IS LIMITED TO A TOTAL OF \$1,000.00 PER REFERRAL.					
Amount C				\$	
I certify that the services performed, a copy of my billing statement is attached hereto, were reasonable and necessary. Also, I have not or will not charge or accept in connection with this case a fee or thing of value from any source other than a party or the Court.					
Neutral's Signature				Date	
APPROVED FOR PAYMENT - COURT USE ONLY					
IT IS HEREBY ORDERED that payment from the Fund be made in the amount of \$					
Signature of the Presiding Judicial Officer:				Date:	