

United States District Court for the Eastern District of Missouri Non-Appropriated Fund

AUTHORIZATION FOR EXPERT SERVICES IN EXCESS OF \$1,000 IN CIVIL APPOINTED CASES

Assigned Judge: _____

Case Number: _____

Case Title: _____

Name of Party Represented: _____

Date appointed: _____

ATTORNEY'S DESCRIPTION OF AND JUSTIFICATION FOR EXPERT SERVICES:

Type of Service:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Investigator | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Paralegal Services |
| <input type="checkbox"/> Interpreter | <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Duplication Services |
| <input type="checkbox"/> Documents Examiner | <input type="checkbox"/> Medical Exam | <input type="checkbox"/> Jury Consultant |
| <input type="checkbox"/> Other _____ | | |

Estimated expert compensation and/or expenses: \$ _____

Judicial approval required for expenses over \$1,000

As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation.

Signature of Attorney: _____ Date _____

Attorney's Name, Firm and Address:

Court Order

E X P E R T S E R V I C E S			\$		
	Assigned Judge's Signature	Date		Amount Approved	
	<p><small>If the total of the reimbursement requested for expert expenses exceeds \$5,000, the approval of a majority of the judges on the Non-Appropriated Fund Committee is required. Reimbursement in excess of \$10,000 must be approved by four district judges (additional form needed).</small></p>				
	Chairperson Non-Appropriated Fund			Member, Non-Appropriated Fund Committee	
	Member, Non-Appropriated Fund Committee			Member, Non-Appropriated Fund Committee <i>optional</i>	

*This form should be submitted via CM/ECF using the event type: **Motions - Request for Expert Services over \$1,000***