

CONFIDENTIAL
REQUEST FOR PRE-AUTHORIZATION OF NON-ROUTINE EXPENSES (ORS 135.055(3))

**A detailed justification stating the reason the requested service/expense is necessary and reasonable
MUST be submitted with this form.**

Email to NRE@opds.state.or.us OR Fax to (503) 378-4462

Email is the preferred method of delivery. If you email or fax, please do not also mail.

County: _____ Case Type: _____ Case Number: _____ Retained
 Appointed

Client's First Name: _____ Client's Last Name: _____

Attorney Name: _____ Bar #: _____ Email: _____

Provider's Name: _____ Provider's City: _____ Provider's Phone: _____

I. SERVICE OR ITEM REQUESTED

- | | | | |
|--|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Investigation | <input type="checkbox"/> Forensic | <input type="checkbox"/> DNA | <input type="checkbox"/> Psychosexual Evaluation |
| <input type="checkbox"/> Psychiatric/Psychological | <input type="checkbox"/> Polygraph | <input type="checkbox"/> Mitigation | <input type="checkbox"/> Other Expert |
| <input type="checkbox"/> Copies of _____ | <input type="checkbox"/> Transcript | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Other _____ |

Type of Service	No. of Hrs.	Rate Per Hr.	Total
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total Fees for Service			\$ _____

Type of Item	No. Each	Cost Each	Total
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total Cost of Items			\$ _____

II. TRAVEL REQUESTED For Whom: _____

Leaving from _____ Going to _____

Auto Mileage: Estimated number of miles _____ at \$ _____ per mile Total: \$ _____

Air (Note: If air travel is approved, arrangements MUST be made through Azumano Travel.)

Rental car Number of days _____

Lodging Number of nights: _____ at \$ _____ per night Total: \$ _____

Meals Number of days: _____ at \$ _____ per day Total: \$ _____

Other Travel Expense (describe) _____ Total: \$ _____

Total Travel Requested: \$ _____

GRAND TOTAL REQUESTED: \$ _____

I am the attorney representing the client named on this form. I have reviewed and approve this submission.

Signature of Attorney

Signature Date

Effective Date*

***If effective date is different from submission date, state reason in the justification.**

Email completed form and justification to NRE@opds.state.or.us OR fax to (503) 378-4462. Email is the preferred method of delivery. If you email or fax, please do not also mail.