

**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](mailto: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.**