

Litigation Funds Request Form

Circuit/County: _____ Assigned Attorney: _____ Judge: _____

Case Name/No: _____ Please Mark X for reason requested:

Deposition	Expert Testimony	Psychological Evaluation	Service OOSTate
Video Deposition	Expert Review of Docs	Medical Eval	Publication
Transcripts	Video Deposition	Expedited Subpoenas	Records
Court reporter	Psychiatric Evaluation	Court Audio Recording	Witness fees
Other:		Service OOCountry	Any kind Child Study

Please Mark X for the name or nature of the pending or anticipated legal proceeding:

Shelter	Dependency petition	Motion to amend CP	Motion for < visitation
Placement Motion	Mot to change goal	Motion for > visitation	Motion for sibling visits
Other:		TPR Petition	Reunification

The Petitioner/Movant is (circle): GAL, DCF/CLS, mother, father, other: _____

Briefly describe how this expenditure advances the team's legal strategy and the child's s best interest (Use a second page if needed, but do not separate the signature from the identifying information): _____

Name of Vender/Provider/Witness/Etc.: _____

Contact info: _____

Hourly Rate: _____ # of Hours: _____ or Flat Fee Amount: \$ _____

Total Amount Requested: \$ _____

Name of Vender/Provider/Witness/Etc.: _____

Contact Info: _____

Hourly Rate: _____ # of Hours: _____ or Flat Fee Amount: \$ _____

Total Amount Requested: \$ _____

Name of Vender/Provider/Witness/Etc.: _____

Contact info: _____

Hourly Rate: _____ # of Hours: _____ or Flat Fee Amount: \$ _____

Total Amount Requested: \$ _____

I have reviewed this request, agree with the legal strategy, and this expenditure. The Program has been counseled on the legal strategy of which this request furthers. There are no disagreements requiring dispute resolution by management in this matter. This expenditure is necessary and advocacy oriented. If this matter implicates a systemic issue which should be evaluated for administrative resolution, the Circuit Director or his or her designee has been advised.

CLC Initials: _____

Approved: Yes/No

Date: _____

Notes: _____

Supervising Attorney Signature/Date: _____

Important Note: Please use one form if you have more than one request on the same case for the same time