Print Form

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA

| RAYMOND OCHOA | | |
|---|--|----------------------------|
| Plaintiff(s) | Case Number: 1:09-CV-01627-M | IJS (PC) |
| ٧, | REQUEST FOR AUTHORITY | ro incur |
| DR. JEAN-PIERRE | COSTS (APPOINTED PRO BO) | NO |
| Defendants. | COUNSEL) | |
| REQUEST OF PRO BONO COUNSEL Complete this form and return it to the court for apprequested. | FOR PRE-APPROVAL OF EXPEND proval prior to incurring the cost for which t | ITURES reimbursement is |
| All yellow highlighted fields must. | be completed prior to submission of this form | |
| , DOUGLAS L. GORDON | , attorney for plaintiff(s), decl- | are as follows |
| I was appointed to represent plaintiff(s) in the Honorable Michael J. Seng If no expenditure is being requested in one or more of TRAVEL EXPENSES: | , United States District Judge/Mag | gistrate Judge. |
| | GSA rate which is available at www.gsa.gov).\$ | 187.59 |
| | s: | 0.00 |
| DEPOSITION COSTS: (Not covered by the Court R | | 0.00 |
| SERVICE OF PAPERS, WITNESS FEES: | | 2,225.00 |
| INTERPRETER AND EXPERT WITNES | The state of the s | 0.00 |
| PHOTOCOPIES, PHOTOGRAPHS, & TE | | 0.00 |
| OTHER: (A description of expenses must be attached) | A. | 0.00 |
| | d description of your expense reques | it. |
| Pre-deposition meeting fee of \$725.00 a deposition of Robert Allen, M.D., sched Round-trip Mileage of \$187.59 from 28 Street, Sacramento, CA 95817, regarding scheduled for July 25, 2012. | tuled for July 25, 2012. 844 Fresno Street, Fresno, CA 93721, to | o 4860 Y |
| TOTAL AMOUNT REQUESTED: | \$ | 2,412.59 |
| I therefore request that this court authonecessary to continue my pro bono represen | rize the expenditure(s) stated above tation of plaintiff. | : which is/ar |

| Case Number: | 1:09-CV-01627-MJS (PC) |
|--------------|------------------------|
| | |

The following requests for authority to incur costs in this case have already been approved. The amount that has been reimbursed by the court for each previously approved expenditure is indicated in the "Amount Reimbursed" column.

| dicated in the Amount Re | | Amount |
|--------------------------|---------|------------|
| Amount Approved | Purpose | Reimbursed |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

I declare under penalty of perjury that the foregoing is true and correct.

Attorney's Signature

| Signed this | 21 | day of | June | , 2012 | , at | Fresno | , California. |
|-------------|-----|--------|------|--------|------|--------|---------------|
| \\\a_a\ | dus | S L | rlı_ | | | | |

PRODEL MICHAEL J-SENG, 7/4/12

For questions concerning this form, please contact:

ADR & Pro Bono Program Director
United States District Court, Eastern District of California
50) 1 Street, Suite 4-200, Sacramento, CA 95814
Email: spark@caed.uscourts.gov