

Sign-Up Fund Request Form

1. Attorney Name: _____

2. Attorney Address: _____

3. Attorney Phone: _____

4. Attorney Email: _____

5. Bar Number: _____

6. Case Type:

Criminal: Court-appointed Privately-retained

Civil: Type of case: _____

7. Have you requested and/or been granted Interpreter/CART funds from another source? Yes No

If yes, from where? _____

If granted, how much? _____

8. Date of Request: _____

9. Total estimated hours requested: _____ hour(s) at \$ _____ per hour

10. Estimated Cost of Request: _____

****Please note that an itemized invoice is required for reimbursement.
(See Sign-Up Fund Basic Guidelines for further information.)**

11. Interpreter/CART is Needed For Confidential Attorney-Client Communications During (Please check all that apply):

Client Meeting/Interview.....

Courtroom.....

Deposition.....

Hearing.....

12. Is this a pro bono case**? Yes No

If so, did you take it through a legal services program? Yes No

If so, please indicate program name: _____

**** Please note that there is no requirement that your case be pro bono to qualify for Sign-Up Fund reimbursement.**