

**OFFICE OF THE CHILD'S REPRESENTATIVE  
REQUEST FOR PREAPPROVAL OF EXPENSES**

**DATE OF REQUEST:**

**COUNTY / DISTRICT:**

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**I. ATTORNEY INFORMATION**

Name:

Phone:

E-mail:

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**II. CASE INFORMATION**

Case Number:

Date of Appointment:

Case Name:

Fees Billed to Date:

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**III. TYPE OF EXPENSE**

Excess Fees

Expert

Name of expert and field of expertise:

Investigator

Name of investigator:

Interpreter

Name of interpreter and language:

Out-of-State

Travel

Destination:

Date(s) traveling:

Transcript

Other

Specify:

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**III. EXPLAIN REASON FOR EXPENSE. PROVIDE SUFFICIENT DETAIL TO ENABLE THE OCR TO ASCERTAIN THE NEED FOR THE EXPENSE IN RELATION TO THE COMPLEXITY AND STATUS OF THE CASE.**

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**IV. OFFICE OF THE CHILD'S REPRESENTATIVE USE ONLY**

Approved for \$\_\_\_\_\_.  Denied because\_\_\_\_\_.

Notified attorney on \_\_\_\_\_(date).  Phone  E-mail

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Authorized Signature

Date