

Sign-Up Fund Request Form

1. Attorney Name: _____

2. Attorney Address: _____

3. Attorney Phone: _____

4. Attorney Email: _____ Bar Number: _____

5. Case Type (Please check all that apply and indicate "Type of case"):

Criminal or Civil Court-appointed or Privately-retained

If civil, type of case (e.g. family, probate): _____

6. Have you requested and/or been granted Interpreter/CART funds from another source?

Yes No

If yes, from where? _____

If granted, how much? _____

7. Date of Request: _____

8. Is this your first Sign-Up Fund Request? Yes No

If yes, is this for the same client as your last request? Yes No

If yes, is this for this client's same case? Yes No

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.**