



LAD STAFF USE ONLY
APPROVED: Y / N
AMOUNT APPROVED:

Communication Access Fund Reimbursement Form

Please send this completed form and the invoice along with proof of payment such as a copy of the check or an invoice showing a zero balance for the auxiliary aid or services you wish to have reimbursed to Briana Stone at Briana.Stone@texasbar.com within 30 days from the date of service. Incomplete forms will not be accepted. Please see "How it Works" and "FAQ's" for more information.

1. Your Name: _____ Bar #: _____
 Firm: _____
 Address: _____
 Phone: _____ Email: _____
 Make check payable to: _____
2. Type of Case (divorce, probate, etc.): _____
3. Date auxiliary aid or service used: _____
4. Type of auxiliary aid or service used (CART, interpreter, braille documents, etc.): _____
5. Auxiliary aid/service was needed for confidential attorney-client communications during:
 - Client Meeting/Interview.....
 - Courtroom.....
 - Deposition.....
 - Hearing.....
 - Other _____
6. Total hours of auxiliary aid/service: _____
7. Hourly rate for auxiliary aid/service: _____ Any other fees (travel, parking, etc.)? _____
8. Total reimbursement requested: _____
9. Have you applied for all funding that may be available from other sources to pay for the auxiliary aid/service (e.g. with the court if it is an appointment)? Yes No N/A If so, please attach documentation.

Everything on this form is true and correct to the best of my knowledge and this request is consistent with the policies of the Communication Access Fund as described in Communication Access Fund "How it Works" and "FAQ's." I agree that I will reimburse the Communication Access Fund if I recover costs in court or through settlement.

Signature

Printed Name

Date