

Pro Bono Litigation Cost Reimbursement Request  
*Submit by email to [mfrey@lycolaw.org](mailto:mfrey@lycolaw.org)*

Link to LLA page: <https://www.lycolaw.org/pro-bono-litigation-cost-reimbursement>

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant contact information (email and phone):  
\_\_\_\_\_

Type of pro bono case: \_\_\_\_\_

Date assigned to applicant: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Type of cost: \_\_\_\_\_

Payee(s): \_\_\_\_\_

Payee(s) mailing address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explanation of reason for amount requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attempts to have costs waived or limited:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional facts pertinent to this request:

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Applicant certifies the following:

- I am a member in good standing of the LLA.
- This request is related to a Lycoming County pro bono case assigned to me through the LLA Pro Bono Program by the North Penn Legal Services Pro Bono Coordinator.
- This request is not for routine overhead expenses such as phone calls, mail, local travel, and parking.
- I have attempted to take advantage of other means for having costs waived or limited.
- Client does not have the ability to pay these non-routine expenses.
- I have inquired and the NPLS Pro Bono program does not have the ability or funds for any of these non-routine expenses.

\_\_\_\_\_  
Applicant's Signature

**Recommendation by subcommittee dated \_\_\_\_\_:**

Recommended amount: \_\_\_\_\_

Not recommended: \_\_\_\_\_

	Agree	Disagree
_____ LLA Executive Director	_____	_____
_____ North Penn Legal Services Pro Bono Coordinator	_____	_____
_____ Chair of the Community Activities & Outreach Committee	_____	_____