

**PUBLIC INTEREST CIVIL LITIGATION FUND GUIDELINES**  
(Revised April 2018)

1. These guidelines shall apply to expenses incurred by attorneys appointed by the United States District Court for the Eastern District of Pennsylvania to represent plaintiffs pursuant to the guidelines of the Court's Prisoner Civil Rights Panel, the Attorney Panel for Pro Se Plaintiffs In Employment Cases, or any other appointment panel that may be created by the Court. Such attorneys may receive reimbursement up to \$4,000 per appointed case for allowable expenses as defined in paragraph 3 below, subject to the availability of funds at the time of application.

2. An application for reimbursement may be made in two increments, the first to be no more than \$2,000 and the final increment to be applied for at least ninety (90) days thereafter - total reimbursement not to exceed \$4,000.

3. Allowable expenses shall include and be limited to investigative or expert services, depositions or transcripts, interpreters, and charges incurred for service of papers or witness fees. All such expenses shall be reasonably necessary and reasonable in amounts. Allowable expenses shall not include office expenses or computerized legal research.

4. Within thirty (30) days after final termination of the case by withdrawal, settlement or otherwise, counsel who has received reimbursement from the Fund shall submit a Case Termination Statement in the form attached hereto. At that time, if plaintiff has recovered funds by way of settlement, verdict, or otherwise, or if plaintiff's counsel has recovered or received payment of the expenses from any other source, then counsel shall repay the Fund for any amounts previously reimbursed as follows: If the total amount recovered or received by plaintiff or plaintiff's counsel from all sources (other than the Fund) is be under \$4,000, no amount need be returned to the Fund; if the amount recovered or received by plaintiff or

plaintiff's counsel from all sources (other than the Fund) is between \$4,000 and \$7,500, the amount to be returned shall be limited to one-third of that so recovered or so received; and if the amount recovered or received by plaintiff or plaintiff's counsel from all sources (other than the Fund) is \$7,500 or greater, then the entire amount previously reimbursed shall be returned to the Fund.

5. Any decision of the Fund Representative in approving or disapproving any application for reimbursement shall be final and not subject to appeal or challenge. The Fund Representative shall be appointed by the Fund's directors but shall incur no obligation or liability for his or her services and may withdraw at any time.

6. These Guidelines have been approved by the Fund's directors. The Fund is a free-standing corporation, organized for the benefit of attorneys who are members of the Prisoner Civil Rights Panel, the Attorney Panel for Pro Se Plaintiffs In Employment Cases, or any other attorney panel that may be created by the United States District Court for the Eastern District of Pennsylvania to represent *pro se* litigants in cases before the Court. It is not an arm of the Court or subject to the Court's supervision or control.

7. The *pro bono* legal services contributed by court-appointed counsel are greatly appreciated and have been the subject of special commendation by our Court of Appeals and the Judicial Council. *See Tabron v. Grace*, 6 F.2d 147, 157 (3d Cir. 1993)(Becker, J.); approval of Task Force Report on Counsel for Indigent Litigants in Civil Cases, November 30, 1998. Because the Fund's resources are limited and are insufficient to cover reimbursement of all litigation expenses in all of the cases in which court appointments are made, counsel are requested to economize and to absorb as much expense as financially practicable.

Instructions: This application is for an expense reimbursement. You should fill in the full amounts that you have incurred, even though they may exceed the maximums allowable from the Fund. Once the application has been acted on, you will receive official notification - and, if approved, a Fund payment.

**APPLICATION FOR EXPENSE REIMBURSEMENT**

First Application Not to Exceed \$2,000  
Total Reimbursement Not to Exceed \$4,000

To: Public Interest Civil Litigation Fund, c/o Samuel W. Silver, Welsh & Recker PC,  
306 Walnut Street, Philadelphia, PA 19106

1. Caption of lawsuit (if not filed, give explanation):

\_\_\_\_\_

2. Date of order of appointment \_\_\_\_\_

3. Items of expense (please state dates and amounts):

Investigation \$ \_\_\_\_\_ Deposition transcript(s) \$ \_\_\_\_\_

Expert(s) \$ \_\_\_\_\_ Interpreter(s) \$ \_\_\_\_\_

Process server or witness fees \$ \_\_\_\_\_ (explain)

Total items of expense \$ \_\_\_\_\_

Comments, if any: \_\_\_\_\_

I hereby apply for expense reimbursement of \$ \_\_\_\_\_. This is the (first) (final) increment. If final, the first application was submitted at least ninety (90) days ago.

I certify as follows:

1. Counsel was appointed to represent Plaintiff by the court on \_\_\_\_\_, 20\_\_.

2. In order to represent plaintiff, the above items of expense are reasonably necessary and the amounts are fair and reasonable.

3. All of the above items of expense have been paid to providers and are supported by bills or statements for services, which will be submitted upon request. No items of law office expense or any other expenses not expressly approved as allowable expenses (as defined in the Public Interest Civil Litigation Fund Guidelines) are included.

4. A Case Termination Sheet will be submitted within thirty (30) days after the case is settled, withdrawn, or is otherwise terminated.

**Application for Expense Reimbursement, Page 2**

5. If plaintiff recovers from any source or if any of the above items are otherwise reimbursed or paid by any source other than myself, I will return these amounts forthwith - *e.g.*, if paid by or as part of a settlement or pursuant to court order, or on behalf of the client. Any recovery by settlement or otherwise shall be deemed to include such items. If the reimbursement or recovery is under \$4,000, no amount need be returned; if it is between \$4,000 and \$7,500, the amount to be returned shall be limited to one-third of the amount reimbursed or recovered; and if it is \$7,500 or greater, then the entire sum previously reimbursed by the Fund shall be returned.

Dated: \_\_\_\_\_  
\_\_\_\_\_  
Attorney's signature

\_\_\_\_\_  
Attorney's name                      Address                      Phone number

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**(To be completed by Fund Representative)**

The following is approved:

Expense reimbursement \$ \_\_\_\_\_

The following item(s)(is)(are) allowed: \_\_\_\_\_

Dated: \_\_\_\_\_  
\_\_\_\_\_  
Fund Representative

Instructions: This form is to be completed when the case is finished (by withdrawal, settlement or otherwise) by any attorney who has received any reimbursement for allowable expenses. If you have not received any reimbursement for expenses, you do not have to fill out a Case Termination Statement.

### CASE TERMINATION STATEMENT

To: Public Interest Civil Litigation Fund - Case Termination Statement  
To Be Submitted: Public Interest Civil Litigation Fund, c/o Samuel W.  
Silver, Welsh & Recker PC, 306 Walnut Street, Philadelphia, PA 19106

1. Caption of lawsuit (if not filed, give explanation):

\_\_\_\_\_

2. Previously reimbursed expenses:

Investigation \$ \_\_\_\_\_ Deposition transcript(s) \$ \_\_\_\_\_

Expert (s) \$ \_\_\_\_\_ Interpreter(s) \$ \_\_\_\_\_

Process server or witness fees \$ \_\_\_\_\_

Total items of expense previously reimbursed \$ \_\_\_\_\_

Comments, if any: \_\_\_\_\_

3. Allowable expenses which were not reimbursed (for recordkeeping purposes only):

Investigation \$ \_\_\_\_\_ Deposition transcript(s) \$ \_\_\_\_\_

Expert (s) \$ \_\_\_\_\_ Interpreter(s) \$ \_\_\_\_\_

Other court-related expense, if any \$ \_\_\_\_\_

Total items of expense \$ \_\_\_\_\_

Comments, if any: \_\_\_\_\_

4. The case was terminated on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (nature of termination)

I hereby return to the Fund \$ \_\_\_\_\_ of expenses which were previously  
reimbursed by the Fund.

**Case Termination Statement, Page 2**

1.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Attorney's signature

\_\_\_\_\_  
Attorney's name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number