

 Legal Services Society British Columbia www.lss.bc.ca	<h1 style="margin: 0;">Request for Authorization of Disbursements</h1>		
<p><i>Mail OR fax this form and attachments — Do NOT fax AND mail. (Do NOT use this form for transcript requests.)</i></p>			
<p>Enter the following information from your referral form.</p>			
Urgent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	Date of request (dd/mm/yyyy)	
Client	Name	Lawyer	Name
Case no.		Lawyer vendor no.	
Referral no.		Address	
Date of assignment (dd/mm/yyyy)			
Is your present referral <input type="checkbox"/> Family <input type="checkbox"/> CFCSA <input type="checkbox"/> Immigration <input type="checkbox"/> Criminal – List charges: _____ <input type="checkbox"/> SCAP <input type="checkbox"/> Other: _____		City	Postal Code
		Telephone	Fax
<p><i>Please ensure that you have reviewed the Disbursements for All Tariffs for requirements and limitations.</i></p>			
Details	Court location	Next court date (dd/mm/yyyy)	Type of proceeding?
Disbursement tariff items and tariff code(s)			Code
If this request is for an expert's assessment — has a similar assessment been completed in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? (dd/mm/yyyy)
Date report is required for court (dd/mm/yyyy)			
Please provide relevant details of this case and why the expense(s) is/are necessary.			
What is the estimated cost of the disbursement? Please provide the cost estimate (include hours/hourly rates, if applicable).			

Section 15 fact sheet for family experts in custody/access cases (complete next section).				
Your referral is <input type="checkbox"/> CFCSA <input type="checkbox"/> Family <input type="checkbox"/> Extended Services have been authorized		Previous Section 15 Report or Report to court? <input type="checkbox"/> Yes (attach copy) <input type="checkbox"/> No		Your client is <input type="checkbox"/> Applicant <input type="checkbox"/> Respondent
No. of children	Respective ages	No. of people to interview	Who currently has custody?	Court orders in place <input type="checkbox"/> Yes (attach copy) <input type="checkbox"/> No
Your client wishes <input type="checkbox"/> Custody change <input type="checkbox"/> Variation of access <input type="checkbox"/> Supervised access <input type="checkbox"/> Unsupervised specific access <input type="checkbox"/> Reasonable access <input type="checkbox"/> Other		Because		
Variation of custody/access: Assessment by health-care professional				<input type="checkbox"/> Yes (attach copy) <input type="checkbox"/> No
Why is this report required?		Because		
Is the other party paying for their portion of the fees? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, why not?		
If you are requesting authorization for expert fees (including court appearances)				
Expert's name		Total hours requested for report	Preparation time	
Field of expertise		Fee Requested hourly rate	Will the expert be required in court? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Travel costs for witnesses or experts				
Who are the expenses for?		Method of transportation	To	
Where is the hearing?		Estimated cost	From	
No. of nights accommodation required		Other expenses		