

**UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NORTH CAROLINA**

***EX PARTE* REQUEST FORM SEEKING ADVANCE AUTHORIZATION  
FOR INVESTIGATIVE, EXPERT, OR OTHER SERVICES**

---

Name of Attorney:

Person represented:

Case No.:

Name of Service Provider:

Hourly Rate Requested:

Number of Hours Requested:

Total Amount Requested:

Justification for Requesting Service:

Provider's Relevant Experience and Qualifications (attach a CV if appropriate):

Fee Arrangement, if Applicable:

Brief Explanation of Services and Expenses to Be Included:

Whether You Anticipate Requesting Additional Services/Funding from/for This Provider (if so, please provide details):

Attorney's Electronic Signature:

Date: