

DISBURSEMENT REQUEST FORM: MEDICAL RECORDS, PROCESS SERVER, OTHER

Date of request: _____

Request Information

Lawyer information

Name: _____

Solicitor #: _____

Phone: _____

Email: _____

Client information

Name: _____

Client #: _____

Nature of Request

Medical Records

Process Server

Other: _____

Reason for Request

Client's defence

Sentencing (client has already been found guilty OR has pled guilty)

Service of documents

Other _____

Brief Synopsis of Case

How will the services support your case? (e.g., defence, custody, access)

What is the estimated cost?

Please attach estimates.

For more information on disbursement requests see the Legal Aid Saskatchewan's Billing and Payments Handbook, Chapter 5.4.

For assistance in completing this form please contact the Legal Aid Saskatchewan Private Bar Services at 1-306-933-5300 or email pboffice@legalaid.sk.ca.

I certify that the information included in this form is complete, true, and accurate.

Name: _____

Signature: _____

Date: _____

Please email the completed Request for Expert Form to PBAccounts@legalaid.sk.ca with the subject line **Disbursement Request: Medical Records, Process Server, Other**.