U.S. Department of Justice Bureau of Justice Assistance Public Safety Officers' Benefits Program

PETITION FOR A REPRESENTATIVE'S FEE IN CONNECTION WITH PUBLIC SAFETY OFFICERS' BENEFITS (PSOB) CLAIM BEFORE THE BUREAU OF JUSTICE ASSISTANCE

810 Seventh Street, NW Washington, DC 20531

Washington, DC 20531						
1.	In accordance with the provisions of Section 1201 of the Public Safety Officers' Benefits Act of 1976 (PSOB), 42 U.S.C. 3796, et seq., as amended, and Section 32.22 of the PSOB Regulations, 28 C.F.R. 32.1, et seq., I, the undersigned, hereby make application for a representative's fee for my services rendered in connection with this PSOB claim on behalf of:					
	A. Na	me and address of claimant(s):	nt(s):			
	B. Na	me and deceased/disabled Public safety officer:				
	C. PS	OB case file number:				
2.	Date services rendered in connection with PSOB claim began and ended:					
3.	for each le Failure to	<b><u>Detailed</u></b> itemization of services rendered in connection with PSOB claim only. Identify purpose etter sent, telephone calls made, etc. These specifics will assist us in expediting our review. provide an explanation for each entry will necessitate our returning petition for these specifics, ving our approval of fees. Use additional 8½x11 sheets as needed.				
	Date	Description of Service Provided & Relevance to PSOB claim	Time Expended (nearest 1/4 hour)			

4.	<u>Miscellaneous Expenses</u> . Provide a <u>Detailed</u> itemization of miscellaneous expenses incurred in connection with PSOB claim only. Identify purpose for each entry. These specifics will assist us in expediting our review. Failure to provide an explanation for each entry will necessitate our returning this petition for these specifics, thus delaying our approval of fees. Use additional 8½x11 sheets as needed.					
Date	Itemization of miscellaneous expenses Incurred in connection with PSOB Claim Only	Cost				
		Total miscellaneous expenses:				

5.	Amount of fee requested or chaclaims or causes of action arisin federal court or agency:	_		aimant in connection with other all disability before any state or			
6.	Amount of fee requested for se itemized in Items 3 and 4:	ant of fee requested for services and expenses incurred during the period designated in item 2 and sed in Items 3 and 4:					
7.	If not an attorney, please state the special qualifications you possess which enable to you to render valuable services to the claimant:						
8.	Explain the nature and extent of any unusual services you rendered or any other relevant data which should be considered in approving your fee:						
9.	Hourly rate charged for service	s rendered in conne	ction with this claim was	per hour.			
on whon	ify that the above information is t  In the above services were perform on to PSOB within 20 days after	furnished a copy of ned. I advised the c	this petition and any attac	chments to the claimant(s) for			
Signa	nture of Representative	Date	() Telephone N	Jumber			