

4. Miscellaneous Expenses. Provide a **Detailed** 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
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Total miscellaneous expenses:

5. Amount of fee requested or charged for services rendered on behalf of the claimant in connection with other claims or causes of action arising from the officer's death/permanent and total disability before any state or federal court or agency:
6. Amount of fee requested for services and expenses incurred during the period designated in item 2 and itemized in Items 3 and 4:
7. If not an attorney, please state the special qualifications you possess which enable 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 services rendered in connection with this claim was \$_____ per hour.

I certify that the above information is true and correct to the best of my knowledge and belief. I further certify that on _____ I furnished a copy of this petition and any attachments to the claimant(s) for whom the above services were performed. I advised the claimant(s) of the opportunity to submit comments on the petition to PSOB within 20 days after the above date.

Signature of Representative

Date

(_____)_____
Telephone Number