



STATE OF CONNECTICUT

PUBLIC UTILITIES REGULATORY AUTHORITY

STAKEHOLDER GROUP COMPENSATION ITEMIZED BUDGET

Instructions:

You may request payment for reasonable attorneys' fees, reasonable expert witness fees, and other reasonable costs for preparation and participation. Compensation will not be awarded for expenses not accompanied by documentation.

Please use the template below, including additional pages as necessary. Attach all available invoices, quotes, and estimates relating to each expense. Please combine all available invoices, quotes, and estimates into one attachment, if possible.

If advance payment is requested because of a significant financial hardship, provide the date, if known, when the payment will be due.

I. Applicant Information

1. Stakeholder Group Name: _____
2. Docket Number: _____
3. Docket Name: _____

II. Budget Template

Expense	Amount	Description	Incurred or Planned Expense?	Invoice, Quote, or Estimate Attached?	Advance Payment Sought?	Date Due (If Advance Payment Sought)
Expert witness fee, Jane Doe	\$ 300.00	2 hours at \$150/hour, subject to cross-examination by Authority staff	Planned	Invoice	✓	11/19/2023
Attorney Fee, Terry Smith	\$1,400.00	7 hours at \$200/hour, review of case law and docket	Planned	Estimate		
Attorney Fee, Terry Smith	\$ 875.00	3.5 hours at \$250/hour, Atty. Smith will attend the October 2 technical meeting to conduct cross-examination of the X panel	Planned	Estimate		
Total Amount:						

Expense	Amount	Description	Incurred or Planned Expense?	Invoice, Quote, or Estimate Attached?	Advanced Payment Sought?	Date Due (If Advance Payment Sought)
Total Amount:						

Signature of Authorized Representative

I, _____, am an authorized representative of the Applicant Stakeholder Group. I have read section 15 of Public Act 23-102, and I swear that the information provided in this document is true and accurate to the best of my knowledge. I understand that compensation may be denied due to failure to provide the required information and supporting documentation.

(Signature)

(Date)