CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 05/10)

| 1. CIR./DIST./ DIV. CODE | 2. PERSON REPRESENTED | VOUCHER NUMBER |
|---|---|---|

| 3. MAG. DKT./DEF. NUMBER | 4. DIST. DKT./DEF. NUMBER | 5. APPEALS DKT./DEF. NUMBER | 6. OTHER DKT. NUMBER |
|---|---|---|---|

| 7. IN CASE/MATTER OF *(Case Name)* | 8. PAYMENT CATEGORY | 9. TYPE PERSON REPRESENTED | 10. REPRESENTATION TYPE *(See Instructions)* |
|---|---|---|---|
| | ☐ Felony ☐ Petty Offense<br>☐ Misdemeanor ☐ Other<br>☐ Appeal | ☐ Adult Defendant ☐ Appellant<br>☐ Juvenile Defendant ☐ Appellee<br>☐ Other | |

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*

## REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT

As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

☐ Authorization to obtain the service. Estimated Compensation and Expenses: $ _____ OR

☐ Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. *(Note: Prior authorization should be obtained for services in excess of $800,* excluding expenses)

Signature of Attorney _____ Date _____

☐ Panel Attorney ☐ Retained Attorney ☐ Pro-Se ☐ Legal Organization

ATTORNEY'S NAME (*First Name, M.I., Last Name, including any suffix),* AND MAILING ADDRESS

Telephone Number: _____

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES *(See Instructions)*

15. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.

_____
Signature of Presiding Judge or By Order of the Court

_____ _____
Date of Order Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of authorization.

☐ YES ☐ NO

14. TYPE OF SERVICE PROVIDER

| | | | |
|---|---|---|---|
| 01 | ☐ Investigator | 15 | ☐ Other Medical |
| 02 | ☐ Interpreter/Translator | 16 | ☐ Voice/Audio Analyst |
| 03 | ☐ Psychologist | 17 | ☐ Hair/Fiber Expert |
| 04 | ☐ Psychiatrist | 18 | ☐ Computer (Hardware/ Software/Systems) |
| 05 | ☐ Polygraph | | |
| 06 | ☐ Documents Examiner | 19 | ☐ Paralegal Services |
| 07 | ☐ Fingerprint Analyst | 20 | ☐ Legal Analyst/Consultant |
| 08 | ☐ Accountant | 21 | ☐ Jury Consultant |
| 09 | ☐ CALR (Westlaw/Lexis, etc.) | 22 | ☐ Mitigation Specialist |
| 10 | ☐ Chemist/Toxicologist | 23 | ☐ Duplication Services *(See Instructions)* |
| 11 | ☐ Ballistics | | |
| 13 | ☐ Weapons/Firearms/Explosive Expert | 24 | ☐ Other *(Specify)* |
| 14 | ☐ Pathologist/Medical Examiner | | |

## CLAIM FOR SERVICES AND EXPENSES — FOR COURT USE ONLY

| 16. SERVICES AND EXPENSES *(Attach itemization of services with dates)* | AMOUNT CLAIMED | MATH/TECHNICAL ADJUSTED AMOUNT | ADDITIONAL REVIEW |
|---|---|---|---|
| a. Compensation | | | |
| b. Travel Expenses *(lodging, parking, meals, mileage, etc.)* | | | |
| c. Other Expenses | | | |
| **GRAND TOTALS (CLAIMED AND ADJUSTED):** | $0.00 | $0.00 | |

17. PAYEE'S NAME AND MAILING ADDRESS

TIN: _____

Telephone Number: _____

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____

CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number _____ ☐ Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment *(compensation or anything of value)* from any other source for these services.

Signature of Claimant/Payee _____ Date _____

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.

Signature of Attorney _____ Date _____

## APPROVED FOR PAYMENT — COURT USE ONLY

| 19. TOTAL COMPENSATION | 20. TRAVEL EXPENSES | 21. OTHER EXPENSES | 22. TOTAL AMOUNT APPROVED/CERTIFIED |
|---|---|---|---|
| | | | $0.00 |

23. ☐ Either the cost *(excluding expenses)* of these services does not exceed $800, or prior authorization was obtained.

☐ Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost *(excluding expenses)* exceeds $800.

_____ _____ _____
Signature of Presiding Judge Date Judge Code

| 24. TOTAL COMPENSATION | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOTAL AMOUNT APPROVED |
|---|---|---|---|
| | | | $0.00 |

28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)

_____ _____ _____
Signature of Chief Judge, Court of Appeals (or Delegate) Date Judge Code

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