CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev 10/23)

1 CIR /DIST / DIV CODE	2 PERSO	2 PERSON REPRESENTED				VOUCHER NUMBER		
3 MAG DKT /DEF NUMBER	,	4 DIST DKT /DEF NUI	MBER	5 APPEALS DKT /DEF	F NUMBER	6 OTHER DKT	NUMBER	
7 IN CASE/MATTER OF (Case Name)		8 PAYMENT CATEGORY □ Felony □ □ Misdemeanor □ □ Appeal		9 TYPE PERSON REP Adult Defendant Juvenile Defendant Other	RESENTED Appellant Appellee			
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 TRANSCRIPT								
12 PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)								
PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).								
14 SPECIAL AUTHORIZATIONS				JUDGE'S INITIALS				
A Apportioned Cost % of transcript with (Give case name and defendant)								
B 14-Day Transcript 7-Day 3-Day Next-Day 2-Hour Realtime Unedited								
C Prosecution Opening Statement Prosecution Argument Prosecution Rebuttal Defense Opening Statement Defense Argument Voir Dire Jury Instructions								
D In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act								
15 ATTORNEY'S STATEMENT 16 COURT ORDER As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act 16 COURT ORDER								
Signature of Attorney Date Signature of Presiding Judge or By Order of the Court							le Court	
Printed Name Printed Name Panel Attorney Retaine	none Number	Date of Order Nunc Pro Tunc Date						
Panel Attorney Retained Attomey Pro-Se Legal Organization CLAIM FOR SERVICES								
17 COURT REPORTER/TRANSCRIBER STATUS 18 PAYEE'S NAME AND MAILING ADDRESS								
Official Contract Transcriber Other								
19 SOCIAL SECURITY NUMBER	OYER ID NUMBER OF P	PAYEE	Telephone Number:					
20 TRANSCRIPT		INCLUDE PAGE NUMBERS	NO OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED		
Original		TAGE NOMBERS				ATTORTIONED		
Сору								
Expense (Itemize)								
21 CLAIMANT'S CERTIFICATIO	TOTAL AMOUNT CLAIMED: 21 CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED							
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								
ATTORNEY CERTIFICATION								
22 CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received								
Signature of Attorney or Clerk Date APPROVED FOR PAYMENT — COURT USE ONLY								
23 APPROVED FOR PAYMENT		APPROVED	FOR PAYMEN	1 - COURT US	LONLY	24 AMOUN	T APPROVED	
Signature of Judge or Clerk of Court Dat								
Si]	Date						