

All payments made pursuant to this claim are subject to post-audit. Any overpayments are subject to collection, including deduction of amounts due from future vouchers. Refer to 18 U.S.C. § 3006A(e)(1) and §310.30 of the CJA Guidelines on making an ex parte application for services other than counsel.

Instructions

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 04/11)

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)			
<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal		<input type="checkbox"/> Petty Offense <input type="checkbox"/> Other		<input type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other	
<input type="checkbox"/> Appellant <input type="checkbox"/> 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 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)		14. TYPE OF SERVICE PROVIDER (See Instructions)			
15. COURT ORDER		01 <input type="checkbox"/> Investigator	17 <input type="checkbox"/> Hair/Fiber Expert		
		02 <input type="checkbox"/> Interpreter/Translator	18 <input type="checkbox"/> Computer (Hardware/Software/Systems)		
		03 <input type="checkbox"/> Psychologist	19 <input type="checkbox"/> Paralegal Services		
		04 <input type="checkbox"/> Psychiatrist	20 <input type="checkbox"/> Legal Analyst/Consultant		
		05 <input type="checkbox"/> Polygraph	21 <input type="checkbox"/> Jury Consultant		
		06 <input type="checkbox"/> Documents Examiner	22 <input type="checkbox"/> Mitigation Specialist		
		07 <input type="checkbox"/> Fingerprint Analyst	23 <input type="checkbox"/> Duplication Services		
		08 <input type="checkbox"/> Accountant	24 <input type="checkbox"/> Other (Specify) _____		
		09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)	25 <input type="checkbox"/> Litigation Support Services		
		10 <input type="checkbox"/> Chemist/Toxicologist	26 <input type="checkbox"/> Computer Forensics Expert		
		11 <input type="checkbox"/> Ballistics			
		12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert			
		13 <input type="checkbox"/> Pathologist/Medical Examiner			
		14 <input type="checkbox"/> Other Medical			
		15 <input type="checkbox"/> Voice/Audio Analyst			
		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.					
<input type="checkbox"/> YES <input type="checkbox"/> NO					

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

16. SERVICES AND EXPENSES (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			
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>			

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
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$800, or prior authorization was obtained.	<input type="checkbox"/> 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
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 _____