1. CIR./DIST./ DIV. CODE 2. PERSON REPRESENTED					VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER	<u> </u>	4. DIST. DKT./DEF. NUI	MRER	5. APPEALS DKT./DEF. NUMBER 6. C		6 OTHER DK	OTHER DKT. NUMBER	
3. MAG. DK1/DEF. NUMBER		4. DIST. DKT./DEF. NUMBER		3. AFFEALS DK1/DEF. NUMBER		0. OTHER DRT. NOMBER		
7. IN CASE/MATTER OF (Case Name)		8. PAYMENT CATEGORY		9. TYPE PERSON REPRESENTED		10. REPRESENTATION TYPE (See Instructions)		
		☐ Felony         ☐ Petty Offense           ☐ Misdemeanor         ☐ Other           ☐ Appeal		<ul><li>☐ Adult Defendant</li><li>☐ Juvenile Defendant</li></ul>	☐ Appellant ☐ Appellee	(See Instructions)		
				☐ 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 TRANSCRIPT								
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)								
PROCEEDINGS TO BE TRANSCRIBED (Describe specifically). NOTE: For trial transcripts, specify, e.g., voir dire, prosecution opening statement, defense opening statement, witness								
testimony, prosecution argument, defense argument, prosecution rebuttal, jury instructions, and/or miscellaneous conferences.								
14. SPECIAL AUTHORIZATION	S						JUDGE'S INITIALS	
A. Apportioned Cost % of transcript with (Give case name and defendant)								
B. 14-Day Transcript	☐ 7-Day			_	Realtime Unedited			
C. 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  Financial eligibility of the person represented having been established to the Court's								
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.								
-								
Signature of Attorney Date					nature of Presiding Judge or By Order of the Court			
Printed Name Date of Order Nunc Pro Tunc Date								
Telephone								
Panel Attorney Retained Attorney 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 OR EMPLOYER ID NUMBER OF PAYEE								
					Telephone Number:			
20. TRANSCRIPT		INCLUDE	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT		
Original		PAGE NUMBERS				APPORTIONED	)	
Сору								
Expense (Itemize)		1			<u>J</u>		_	
(	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		THE TEST LED		Joeki obi	01,21	24. AMOUN	T APPROVED	
Signature of Judge or Clerk of Court Date								