| CJA 24 AUTHORIZATION AND VO | DUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 03/18) |
|-----------------------------|---|
| | |

| 1. CIR./DIST./ DIV. CODE | 2. PERSO | ON REPRESENTED | VOUCHER NUMBER | | | | | | |
|--|--|----------------------------|----------------------------------|---|-----------------------------------|---|---------------------------|--|--|
| 3. MAG. DKT./DEF. NUMBER | | 4. DIST. DKT./DEF. NUI | MBER | 5. APPEALS DKT./DEF | . NUMBER | 6. OTHER DKT. NUMBER | | | |
| 7. IN CASE/MATTER OF (Case Nat | me) | | RY □ Petty Offense □ Other | 9. TYPE PERSON REPR Adult Defendant Juvenile Defendant Other | RESENTED Appellant Appellee | 10. REPRESENTATION TYPE (See Instructions) | | | |
| 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 (<i>Describe briefly</i>) | | | | | | | | | |
| 13. PROCEEDING TO BE TRANS argument, defense argument, pro | | | | | | nent, defense openi | ng statement, prosecution | | |
| 14. SPECIAL AUTHORIZATIONS | | | | | | | JUDGE'S INITIALS | | |
| A. Apportioned Cost | | | | | | | | | |
| B. 🗆 14-Day 🛛 Exp | lited | | | | | | | | |
| C. Prosecution Opening Statement Prosecution Argument Prosecution Rebuttal | | | | | | | | | |
| D. In this multi-defendant ca | ase, comme | ě | | | | ns 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. | | | | | | | | | |
| Signature of Attorney Date Signature of Presiding Judge or By Order | | | | | | e or By Order of th | e Court | | |
| Printed Name | | | Date of Order Nunc Pro Tu | | | Pro Tunc Date | | | |
| | Telephone Number: | | | | | | | | |
| | | | CLAIM FOR | SERVICES | | | | | |
| 17. COURT REPORTER/TRANSCI | 17. COURT REPORTER/TRANSCRIBER STATUS 18. PAYEE'S NAME AND MAILING ADDRESS | | | | | | | | |
| Official Contract Transcriber Other | | | | | | | | | |
| 19. SOCIAL SECURITY NUMBER | OR EMPI | OYER ID NUMBER OF P | AYEE | | | | | | |
| Telephone Number: | | | | | | lumber: | | | |
| 20. TRANSCRIPT | | INCLUDE PAGE NUMBERS | NO. OF PAGES | RATE PER PAGE | SUB-TOTAL | LESS AMOUN APPORTIONE | | | |
| Original | | | | | | | | | |
| Сору | | | | | | | | | |
| Expense (Itemize) | | | | | | | | | |
| TOTAL AMOUNT CLAIMER | | | | | | | | | |
| CLAIMANT'S CERTIFICATIO I hereby certify that the above cla these services. | | | ect, and that I have no | ot sought or received payme | nt (compensation or | anything of value) | from any other source for | | |
| Signature of Claimant/Payee Date | | | | | | | | | |
| ATTORNEY CERTIFICATION | | | | | | | | | |
| 22. CERTIFICATION OF ATTORN | EY OR CI | LERK I hereby certify that | the services were ren | ndered and that the transcrip | t was received. | | | | |
| Signature of Attorney or Clerk Date | | | | | | | | | |
| 23. APPROVED FOR PAYMENT | | APPROVED I | FOR PAYMEN | NT — COURT USE | EONLY | 24 AMOU | NT APPROVED | | |
| | | | | | | | | | |
| Signature of Judge or Clerk of Court Date | | | | | | | | | |