CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (5-99)

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 ☐ Misdemeanor ☐ Other ☐ Appeal _____	☐ Adult Defendant ☐ Appellant ☐ Juvenile Defendant ☐ Appellee ☐ 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 $300, 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

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

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 Judicial Officer 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**

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):			

17. PAYEE'S NAME *(First Name, M.I., Last Name, including any suffix),* **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. ☐ **Either the cost** *(excluding expenses)* **of these services does not exceed $300, 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 $300.**

_____ _____ _____
Signature of Presiding Judicial Officer **Date** **Judge/Mag. 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**