

United States District Court  
Southern District of Texas  
ENTERED

MAY 12 2006

Michael N. Milby, Clerk  
By Deputy Clerk M. Gassett

General Order No. 2006-7

UNITED STATES DISTRICT COURT  
FOR THE  
SOUTHERN DISTRICT OF TEXAS

CRIMINAL JUSTICE ACT PLAN

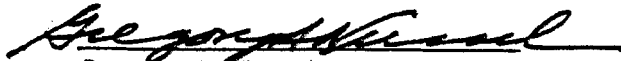
2005

**THE JUDICIAL COUNCIL OF THE FIFTH CIRCUIT**

**REVIEWING PANEL -- CRIMINAL JUSTICE ACT PLAN**

The foregoing and attached Order, entered December 15, 2005 amending the Criminal Justice Act Plan for the Southern District of Texas, having been reviewed by the Reviewing Panel of this Circuit, is approved.

Entered for the Reviewing Panel at New Orleans, Louisiana, this 7th day of April, 2006.



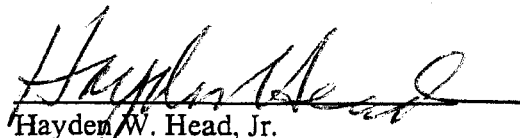
Gregory A. Nussel  
Secretary to the Judicial Council  
of the Fifth Circuit

The following judges comprised and acted as the Reviewing Panel:

(a) The Judicial Council of the Fifth Circuit:

Edith H. Jones  
Jerry E. Smith  
E. Grady Jolly  
Patrick E. Higginbotham  
Jacques L. Wiener, Jr.  
Rhesa H. Barksdale  
Fortunato P. Benavides  
Carl E. Stewart  
Edward C. Prado  
Priscilla R. Owen  
Sarah S. Vance  
James J. Brady  
Tucker L. Melançon  
Michael P. Mills  
David C. Bramlette  
Sidney A. Fitzwater  
Hayden W. Head, Jr.  
Thad Heartfield  
Fred Biery

(b) United States District Judge:



Hayden W. Head, Jr.  
Chief United States District Judge  
Southern District of Texas

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UNITED STATES DISTRICT COURT  
FOR THE  
SOUTHERN DISTRICT OF TEXAS

CRIMINAL JUSTICE ACT PLAN

I. AUTHORITY

Pursuant to the Criminal Justice Act of 1964, as amended, (CJA), section 3006A of Title 18, United States Code, and the Guidelines for the Administration of the Criminal Justice Act, Volume VII, Guide to Judiciary Policies and Procedures (CJA Guidelines), the judges of the United States District Court for the Southern District of Texas, adopt this Plan for furnishing representation in federal court for any person financially unable to obtain adequate representation in accordance with the CJA.

II. STATEMENT OF POLICY

A. Objectives.

1. The objective of this Plan is to attain the ideal of equality before the law for all persons. Therefore, this Plan shall be administered so that those accused of crime, or otherwise eligible for services pursuant to the CJA, will not be deprived, because they are financially unable to pay for adequate representation, of any element of representation necessary to an adequate defense.
2. The further objective of this Plan is to particularize the requirement of the CJA, the Anti-Drug Abuse Act of 1988 (codified in part at section 848(q) of Title 21, United States Code), and the CJA Guidelines in a way that meets the needs of this district.

B. Compliance.

1. The court, its clerk, the Federal Public Defender Organization, and private attorneys appointed under the CJA shall comply with the CJA Guidelines approved by the Judicial Conference of the United States and/or its Committee on Defender Services and with this Plan.
2. Each private attorney shall be provided by the clerk of court with a then-current copy of this Plan upon the attorney's first appointment under the CJA or designation as a member of the Panel of Private Attorneys under the Criminal Justice Act (CJA Panel). The clerk shall maintain a current copy of the CJA Guidelines for the use of members of the CJA Panel and shall make known to such attorneys its availability.

III. DEFINITIONS

- A. "Representation" includes counsel and investigative, expert, and other services.
- B. "Appointed attorney" includes private attorneys, the federal public defender and staff attorneys of the Federal Public Defender Organization.

IV. PROVISION OF REPRESENTATION

A. Circumstance.

1. Mandatory. Representation shall be provided for any financial eligible person who:
  - a. is charged with a felony or with a Class A misdemeanor;
  - b. is a juvenile alleged to have committed an act of juvenile delinquency as defined in section 5031 of Title 18, United States Code;
  - c. is charged with a violation of probation, or faces a change of a term or condition of probation (unless the modification sought is favorable to the probationer and the government has not objected to the proposed change);
  - d. is under arrest, when such representation is required by law;
  - e. is entitled to appointment of counsel in parole proceedings;

- f. is charged with a violation of supervised release or faces modification, reduction, or enlargement of a condition, or extension or revocation of a term of supervised release;
  - g. is subject to a mental condition hearing under chapter 313 of Title 18, United States Code;
  - h. is in custody as a material witness;
  - i. is seeking to set aside or vacate a death sentence under sections 2254 or 2255 of Title 28, United States Code;
  - j. is entitled to appointment of counsel in verification of consent proceedings pursuant to a transfer of an offender to or from the United States for the execution of a penal sentence under section 4109 of Title 18, United States Code;
  - k. is entitled to appointment of counsel under the Sixth Amendment to the Constitution; or
  - l. faces loss of liberty in a case and federal law requires the appointment of counsel.
2. Discretionary. Whenever a judge or magistrate judge determines that the interests of justice so require, representation may be provided for any financial eligible person who:
- a. is charged with a petty offense (Class B or C misdemeanor, or an infraction) for which a sentence to confinement is authorized;
  - b. is seeking relief, other than to set aside or vacate a death sentence under sections 2241, 2254, or 2255 of Title 28, United States Code;
  - c. is charged with civil or criminal contempt who faces loss of liberty;
  - d. has been called as a witness before a grand jury, a court, the Congress, or a federal agency or commission which has the power to compel testimony, and there is reason to believe, either prior to or during testimony, that the witness could be subject to a criminal prosecution, a civil or criminal contempt proceeding, or face loss of liberty;

- e. is proposed by the United States attorney for processing under a pretrial diversion program;
- f. is held for international extradition under chapter 209 of Title 18, United States Code.
- g. Representation may also be furnished for financially eligible persons in ancillary matters appropriate to the proceedings pursuant to subsection (c) of the CJA.

B. When Counsel Shall be Provided.

Counsel shall be provided to eligible persons as soon as feasible after they are taken into custody, when they appear before a magistrate judge or judge, when they are formally charged or notified of charges if formal charges are sealed, or when a magistrate judge or judge otherwise considers appointment of counsel appropriate under the CJA, whichever occurs earliest.

C. Number and Qualifications of Counsel.

1. Number.

- a. Noncapital Cases. More than one attorney may be appointed in any case determined to be extremely difficult.
- b. Federal Capital Prosecutions. Pursuant to 18 U.S.C. § 3005, a person charged with a federal capital offense is entitled to the appointment of two attorneys, at least one of whom shall be learned in the law applicable to capital cases. Pursuant to 21 U.S.C. § 848(q)(4), if necessary for adequate representation, more than two attorneys may be appointed to represent a defendant in such a case. The federal public defender should be consulted prior to any appointments.
- c. Capital Habeas Corpus Proceedings. Pursuant to 21 U.S.C. § 848(q)(4), a financially eligible person seeking to vacate or set aside a death sentence in proceedings under 28 U.S.C. § 2254 or 2255 is entitled to appointment of one or more qualified attorneys. Due to the complex, demanding and protracted nature of death penalty proceedings, consideration should be given to appointing at least two counsel.



2. Qualifications.

- a. Noncapital cases. Qualifications for counsel shall be determined by the CJA Panel consistent with the objective criteria adopted in paragraph VII and Appendices A and C.
- b. Capital cases: Appointment of Counsel Prior to Judgment. Pursuant to 21 U.S.C. § 848(q)(5), at least one of the attorneys appointed must have been admitted to practice in the court in which the case will be prosecuted for not less than five years, and must have had not less than three years experience in the actual trial of felony prosecutions in that court. Pursuant to 18 U.S.C. § 3005, at least one of the attorneys appointed must be knowledgeable in the law applicable to capital cases.

Pursuant to 18 U.S.C. § 3005, in appointing counsel in federal capital prosecutions, the court shall consider the recommendation of the federal public defender.

- c. Capital cases: Appointment of Counsel After Judgment. Pursuant to 21 U.S.C. § 848(q)(6), at least one of the attorneys appointed must have been admitted to practice in the court of appeals for not less than five years, and must have had not less than three years experience in the handling of appeals in felony cases in the court.
- d. Attorney Qualification Waiver. Pursuant to 21 U.S.C. § 848(q)(7), the court, for good cause, may appoint an attorney who may not qualify under 21 U.S.C. § 848(q)(5) or (q)(6), but who has the background, knowledge, and experience necessary to represent the defendant properly in a capital case, giving due consideration to the seriousness of the possible penalty and the unique and complex nature of the litigation.

D. Eligibility for Representation.

- 1. Factfinding. The determination of eligibility for representation under the CJA is a judicial function to be performed by a judge or magistrate judge after making appropriate inquiries concerning the person's financial condition.

2. Change in Eligibility.

- a. Subsequent Ability to Pay. If, at any time after appointment, counsel obtains information that a client is financially able to make payment, in whole or in part, for legal or other services in connection with his or her representation, and the source of the attorney's information is not protected as a privileged communication, counsel shall advise the court.
- b. Subsequent Inability to Pay. If at any stage of the proceedings, including an appeal, the court finds that a person who previously did not have counsel appointed under the Act is financially unable to pay counsel whom he or she had retained, the court may appoint counsel as provided in the Act, including the previously retained counsel, and authorize such payment as therein provided, as the interests of justice may dictate.

3. Partial Eligibility: Partial Payment or Reimbursement. If at the time of appointment or at any time thereafter the court finds that the person is financially able to obtain counsel or to make partial payment for the representation, or that funds are available for payment from or on behalf of a person furnished representation, the court shall take appropriate action, which may include terminating the appointment of counsel, ordering partial payment by the person furnished representation, or permitting appointed counsel to continue to represent the party with part or all of the cost of representation paid by the person furnished representation.

V. FEDERAL PUBLIC DEFENDER ORGANIZATION

A. Establishment.

1. The Federal Public Defender Organization for the Southern District of Texas, previously established in this district pursuant to the provisions of the CJA, is hereby recognized as the Federal Public Defender Organization for this district.
2. The Federal Public Defender Organization shall be capable of providing legal services throughout the district.

- B. Supervision of Defender Organization. The federal public defender shall be responsible for the supervision and management of the Federal Public Defender Organization. Accordingly, the federal public defender shall be appointed in all cases assigned to that organization for subsequent assignment to staff attorneys at the discretion of the federal public defender.

- C. Management of CJA Panel. Magistrate judges shall be responsible for the systematic distribution of cases to members of the CJA Panel, subject to the provisions of the Plan for the Composition, Administration, and Management of the Panel of private attorneys under the Criminal Justice Act.

## VI. PRIVATE ATTORNEYS

- A. Establishment of CJA Panel. The established panel of private attorneys (CJA panel) is hereby recognized.
- B. Organization. The Plan for the Composition, Administration, and Management of the Panel of Private Attorneys under the Criminal Justice Act is found at Appendix A of this CJA Plan.
- C. Ratio Appointments. Where practical and cost effective, private attorneys from the CJA Panel shall be appointed in a substantial proportion of the cases in which the accused is determined to be financially eligible for representation under the CJA. "Substantial" shall usually be defined as approximately 25% of the appointments.

## VII. DUTIES OF APPOINTED COUNSEL

- A. Standards. The services to be rendered a person represented by appointed counsel shall be commensurate with those rendered if counsel were privately employed by the person.
- B. Professional Conduct. Attorneys appointed pursuant to the CJA shall conform to the highest standards of professional conduct, including but not limited to the provisions of the Texas Disciplinary Rules of Professional Conduct.
- C. Violation of the Rules of Discipline of this Court shall be grounds for disqualification and/or disciplinary action. (The Rules of Discipline, attached to the Local Rules, are incorporated by reference.)
- D. No Receipt of Other Payment. Appointed counsel may not require, request, or accept any payment or promise of payment or any other valuable consideration for representation under the appointment, unless such payment is approved by order of the court.

- E. Continuing Representation. Once counsel is appointed under the CJA, counsel shall continue the representation until the matter, including appeals or review by certiorari (as governed by the circuit CJA plan provisions concerning representation on appeal), is closed; until substitute counsel has filed a notice of appearance; until an order has been entered allowing or requiring the person represented to proceed pro se; or until the appointment is terminated by court order.

#### VIII. DUTIES OF LAW ENFORCEMENT AND RELATED AGENCIES

- A. Presentation of Accused for Appointment of Counsel. Federal law enforcement and prosecutorial agencies, probation officers, and pretrial services officers in this district, and those acting on their behalf, shall promptly ask any person who is in custody, or who otherwise may be entitled to counsel under the CJA, whether he or she is financially able to secure representation, and shall, in such cases in which the person indicates that he or she is not able, notify the federal public defender who shall discuss with the person the right to representation and right to appointed counsel, and arrange to have the person promptly presented before a magistrate judge for determination of financial eligibility and appointment of counsel.
- B. Advice of Defendant before Pretrial Services Interview. Before a Pretrial Services Officer interviews a defendant, the Pretrial Services Officer shall notify the defendant that the defendant has the right to speak with a lawyer before answering any questions, and that a lawyer will be appointed to represent him if the defendant cannot afford a lawyer. The notice shall be in writing. If the defendant does not speak the language of the notice, an interpreter shall be provided.
- C. Notice of Indictment or Criminal Information. Upon the return or unsealing of an indictment, the filing of a criminal information, or the filing of a petition to modify or revoke probation, the United States attorney or the probation officer, as appropriate, immediately shall mail or otherwise deliver a copy of the document to appointed counsel, or to the defendant if he is without counsel, at the address shown on defendant's bond papers or to the jail in which the defendant is incarcerated.

#### IX. MISCELLANEOUS

- A. Forms. Standard forms, pertaining to the CJA and approved by the Judicial Conference of the United States or its Committee on Defender Services and prescribed and distributed by the Director of the Administrative Office of the United States Courts, shall be used, where applicable, in all proceedings under this Plan.

- B. Claims. Claims for compensation of private attorneys providing representation under the CJA shall be submitted on the appropriate CJA form, to the office of the clerk of the court. That office shall review the claim form for mathematical and technical accuracy and for conformity with the CJA Guidelines, and, if correct, shall forward the claim form for the consideration of the appropriate judge. The court will exert its best effort to avoid delays in reviewing payment vouchers and in submitting them for further processing. In protracted litigation, interim payments may be authorized. (For details, see Appendix B.)
- C. Supersession. This Plan supersedes all prior Criminal Justice Act Plans of this court.
- D. A CJA Panel Attorney may use the Federal Defender Training Group to assist with sentencing guideline questions, as well as general issues facing him/her.

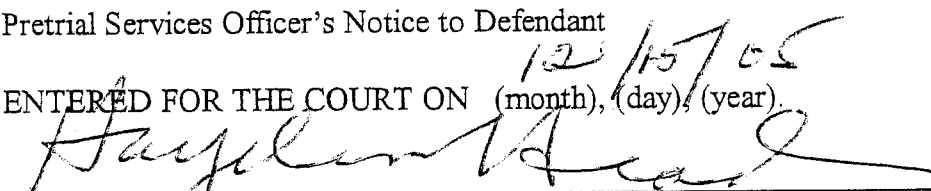
X. EFFECTIVE DATE.

This plan shall become effective when approved by the Judicial Council of the Fifth Circuit.

APPENDICES:

- A. Plan for the Composition, Administration, and Management of the Panel of Private Attorneys under the Criminal Justice Act
- B. Instructions and Forms for Submitting Pay and Expense Vouchers
- C. Form Application for Admission to CJA Panel Disqualification from CJA Panel
- D. Pretrial Services Officer's Notice to Defendant

ENTERED FOR THE COURT ON 12/15/05 (month), (day), (year).

  
CHIEF JUDGE, UNITED STATES DISTRICT COURT

APPROVED BY THE JUDICIAL COUNCIL OF THE FIFTH CIRCUIT on  
(month), (day), (year).

\_\_\_\_\_  
CHIEF JUDGE, UNITED STATES COURT OF APPEALS

## APPENDIX A

### HOUSTON-GALVESTON PLAN THE COMPOSITION, ADMINISTRATION, AND MANAGEMENT OF THE PANEL OF PRIVATE ATTORNEYS UNDER THE CRIMINAL JUSTICE ACT

#### I. COMPOSITION OF PANEL OF PRIVATE ATTORNEYS

##### A. CJA PANEL

1. Approval. The Court hereby establishes a panel of private attorneys, the CJA Panel, who are eligible and willing to be appointed to provide representation under the Criminal Justice Act. The Court shall approve attorneys for membership on the panel after receiving recommendations from the Panel Selection Committee, established pursuant to paragraph B of this Plan. Members of the CJA Panel shall serve at the pleasure of the Court.
2. Size. The CJA Panel shall consist of approximately 100 attorneys. The Court shall review annually and if necessary adjust the size of the Panel. The Panel shall be large enough to provide a sufficient number of experienced attorneys to handle the Criminal Justice Act caseload, yet small enough so that Panel members will have the opportunity to receive an adequate number of appointments to maintain their proficiency in federal criminal defense work, and thereby provide a high quality of representation.
3. Eligibility. Attorneys who serve on the CJA Panel must be members in good standing of the federal bar of this district, and have demonstrated experience in, and knowledge of, the Federal Rules of Criminal Procedure, the Federal Rules of Evidence and the United States Sentencing Guidelines..
4. Terms. Attorneys admitted as members of the Panel shall normally serve for a term of three years. Thereafter, attorneys must resubmit a new application. Members of the CJA Panel shall serve at the pleasure of the Court.

5. Reappointment. A member of the CJA Panel shall be eligible for reappointment to the panel for successive terms following expiration of his or her term, unless otherwise restricted by the Court.
6. Application. Application forms for membership on the CJA Panel shall be made available, upon request, by the Clerk of the Court. Completed applications shall be submitted to the Clerk of the Court who will transmit the applications to the chairperson of the Panel Selection Committee.

B. PANEL SELECTION COMMITTEE

1. Membership An appropriate Panel Selection Committee shall be established for each division or combination of Divisions by the Court. The Committee shall consist of one district judge, one or more magistrate judges, one or more attorneys who are members of the CJA Panel, and the Federal Public Defender. The Committee shall select its own chairperson.

2. Duties.

- a. The Panel Selection Committee shall meet quarterly or as needed to consider applications for the vacancies created by the terms expiring each year. The Committee shall review the qualifications of applicants and recommend, for approval by the Court, those applicants best qualified to fill the vacancies.

The Committee shall recruit a broad based representative panel of competent attorneys with criminal trial experience. The primary objective of the Committee shall be to recruit the most qualified attorneys, but the Committee shall actively recruit women and minority members and shall provide a substantial number of attorneys fluent in languages other than English. The Committee may classify Panel members according to level of experience and area of expertise.

At its scheduled meeting, the Committee shall also review the operation and administration of the Panel over the preceding period, and recommend to the Court any changes deemed necessary or appropriate by the Committee regarding the appointment process and Panel management.

- b. If, at any time during the course of a year, the number of vacancies due to resignation, removal, or death significantly decreases the size of the Panel, the Committee shall solicit applications for the vacancies, convene a special meeting to review the qualifications of the applicants, and select prospective members for recommendation to the Court for approval. Members approved

by the Court to fill mid-term vacancies shall serve until the expiration of the term that was vacated, and shall be immediately eligible for reappointment.

### C. CJA TRAINING PANEL

The Panel Selection Committee shall establish a CJA Training Panel, consisting of attorneys who have the experience required for membership on the CJA Panel. Training Panel members may be assigned, by the Court, to assist members of the CJA Panel in a "second chair" capacity. Training Panel members are not eligible to receive appointments independently, and shall not be eligible to receive compensation for their services in assisting CJA Panel members. Prior service on the CJA Training Panel is not a requirement for membership on the CJA Panel, nor will service on the Training Panel guarantee admission of an attorney to the CJA Panel.

## II. THE APPOINTMENT PROCESS

### A. MAINTENANCE OF LIST AND DISTRIBUTION OF APPOINTMENTS

The Clerk shall maintain the current CJA Panel list and shall furnish a copy to each judge and the Federal Public Defender upon request. The Clerk shall also maintain a public record of appointments of private counsel, and, [when appropriate], statistical data reflecting the proration of appointments between the Federal Public Defender and private attorneys, according to the formula heretofore described.

### B. METHOD OF APPOINTMENT

Appointments from the list of private attorneys should be made on an impartial basis, subject to the Court's discretion to consider the nature and complexity of the case, and an attorney's experience. This procedure will assist in producing a balanced distribution of appointments among the members of the CJA Panel and providing quality representation for each CJA defendant.

## III. COMPENSATION - FILING OF VOUCHERS

Claims for compensation shall be submitted, on the appropriate CJA form, to the office of the Clerk of the Court. The Clerk of the Court shall review the claim form for mathematical and technical accuracy, and for conformity with the Guidelines for the Administration of the Criminal Justice Act (volume VII, Guide to Judiciary Policies and Procedures) and, if correct, shall forward the claim form for the consideration and action of the presiding judge or magistrate. (See Appendix B).



## **APPENDIX B**

### **GENERAL INFORMATION FOR VOUCHER SUBMISSION**

#### **A. GENERAL**

All Vouchers submitted must have worksheets or attorneys worksheet with explanations of time and services rendered.

Frequently, payment of a voucher is delayed for failure to itemize or supply sufficient documentation of expenses. In addition, delay is caused when pertinent court orders are not submitted with the vouchers. Vouchers for attorneys under the Act must include a description of the services - a breakdown of how the hours were spent, and the dates the services were performed. Travel expenses reporting shall include date, destination and purpose of travel.

#### **B. ALLOWABLE EXPENSES - COURT APPOINTED COUNSEL (CJA FORM 20)**

Out of pocket expenses reasonable incurred may be claimed on the CJA 20 voucher, and must be itemized and reasonably documented. Expenses for investigations or other services under subsection (e) of the Act are not out of pocket expenses. Thus, such expenses should not be claimed on the CJA 20 voucher. A CJA 21 voucher Authorization and Voucher for Expert or Other Services should be filed by the investigator or other expert. Out of pocket expenses may include:

##### **1. Travel Expenses**

- (a) Travel by a privately owned automobile should be claimed at the rate prescribed for federal judiciary employees who use a private automobile for conducting official business, plus parking fees, ferry fees, and bridge, road and tunnel tolls. Other means of transportation should be claimed on an actual expense basis. (Local toll fees are not recoverable.)
- (b) All local travel will be accomplished by the most economical means possible and claimed as an actual expense. Travel time shall not be charged as an expense except where travel is away from the duty station where the courthouse is located.

- (c) Counsel's expenses for meals and lodgings incurred in the representation of the defendant constitute reimbursable out of pocket expenses.
- (d) In determining whether actual expenses incurred are "reasonable," counsel should be guided by the prevailing limitations placed upon travel and subsistence expenses of federal judiciary employees in accordance with existing government travel regulations.

2. Hourly Rates for Appointed Trial Attorneys

- (a) The current hourly rate is \$90.00 for in Court appearances and out-of-Court labor. Where the hourly rate changes in the midst of an appointment, appropriate adjustments will be recognized. Case compensation maximums are also established by statute and will be recognized in all cases unless a case becomes extended or is declared complex.
- (b) All claims for compensation in excess of statutory case limitation requires both, the voucher and a detailed memorandum supporting and justifying counsel's claim. The memorandum should state that representation was provided in a complex or extended case and that the excess payment is necessary to provide fair compensation.
- (c) Fees and Expenses In Capital Cases.—Compensation shall be paid to attorneys appointed under this subsection at a rate of not more than \$160, per hour for in-court and out-of-court time. Fees and expenses paid for investigative, expert, and other reasonably necessary services that are authorized, shall not exceed \$7,500 in any case, unless payment in excess of that limit is certified by the court. Amounts in excess shall first be approved by chief judge of the circuit or circuit designee.

3. Compensation Limits for Investigative, Expert and "Other" Services (CJA 21 Form)

- (a) With Prior Authorization \$1,600  
(per organization or individual, exclusive of reimbursement for expenses reasonably incurred, per individual authorization to perform said service.)
- (b) Without Prior Authorization \$ 500  
(Subsection (e)(2)(A) of the Act authorizes the obtaining of investigative, expert and other services without prior authorization but subject to subsequent review, providing the cost of services obtained does not exceed \$500 plus expenses reasonably incurred.)

4. Photocopying

Actual costs not to exceed \$.25 per page will be paid if a copy of the bill is submitted. For in-house copying, actual costs not to exceed \$.15 per page will be paid. The costs of other forms reproduction will not be reimbursable.

5. Courier Service and Other Special Arrangements

For delivery of items that could be mailed, expenses will be reimbursed only if normal mail service is unavailable or inadvisable. In non-emergency cases, routine documents such as briefs and motions should be prepared early enough to permit use of the mail.

6. Law Students

Use of qualified law students to assist assigned counsel in trial preparation and in drafting briefs and arguments on appeal may be appropriate. Payment under the CJA in such instances may be made to assigned counsel only for compensable time spent by counsel plus allowable expenses. Allowable expenses for the attorney may include compensation paid to law students for legal research, but does not include reimbursement for expenses otherwise incurred by a law student.

7. Computer Assisted Legal Research

The cost of use, by appointed counsel, of computer assisted legal research equipment, may be allowed as a reimbursable out-of-pocket expense, provided that the total amount approved for computer assisted legal research does not exceed the total amount of attorney compensation that reasonably would have been approved if counsel had performed the research manually. Whenever appointed counsel incurs charges for computer assisted legal research, counsel should attach to the compensation voucher the following:

- (a) a brief statement on the issue or issues that were the subject matter of the research;
- (b) an estimate of the number of hours of attorney time that would have been required to do the research manually; and
- (c) a copy of the bill and receipt for the use of equipment or an explanation of the precise basis of the charge (e.g., indicating the extent to which it was derived by proration of monthly charges, or by charges identifiable to the specific research).

8. Other Expenses

Other expenses include items such as telephone calls, telegrams, copying (except printing), postage and photographs. "Other" expenses in excess of \$50.00 must be substantiated by proof of payment, i.e., receipts, canceled checks, and invoices.

# FORM

## APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

CLA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 12/03)

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 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  |  |
|  |  | <input type="checkbox"/> Felony<br><input type="checkbox"/> Misdemeanor<br><input type="checkbox"/> Appeal                |  | <input type="checkbox"/> Petty Offense<br><input type="checkbox"/> Other |  |
|  |  | 9. TYPE PERSON REPRESENTED  |  | 10. REPRESENTATION TYPE (See Instructions)                               |  |
|  |  | <input type="checkbox"/> Adult Defendant<br><input type="checkbox"/> Juvenile Defendant<br><input type="checkbox"/> Other |  | <input type="checkbox"/> Appellant<br><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. |  |   |  |  |  |
| 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS   |  |   | 13. COURT ORDER  |  |  |
|  |  |   | <input type="checkbox"/> O Appointing Counsel<br><input type="checkbox"/> F Subs For Federal Defender<br><input type="checkbox"/> P Subs For Panel Attorney  |  |  |
| Telephone Number: _____  |  |   | <input type="checkbox"/> C Co-Counsel<br><input type="checkbox"/> R Subs For Retained Attorney<br><input type="checkbox"/> Y Standby Counsel   |  |  |
|  |  |   | Prior Attorney's Name: _____<br>Appointment Date: _____<br><input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR<br><input type="checkbox"/> Other (See Instructions) |  |  |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)   |  |   | Signature of Presiding Judge or By Order of the Court<br>_____<br>Date of Order _____ Nunc Pro Tunc Date _____<br>Reimbursement or partial reimbursement ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |

| CLAIM FOR SERVICES AND EXPENSES                                |               |                      | FOR COURT USE ONLY       |                           |                   |
|--|---------------|----------------------|--------------------------|---------------------------|-------------------|
| CATEGORIES (Attach itemization of services with dates)         | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH ADJUSTED HOURS | MATH/TECH ADJUSTED AMOUNT | ADDITIONAL REVIEW |
| 15. In Court   |               |                      |                          |                           |                   |
| a. Arraignment and/or Plea                                     |               | 0.00                 |                          | 0.00                      |                   |
| b. Bail and Detention Hearings                                 |               | 0.00                 |                          | 0.00                      |                   |
| c. Motion Hearings   |               | 0.00                 |                          | 0.00                      |                   |
| d. Trial   |               | 0.00                 |                          | 0.00                      |                   |
| e. Sentencing Hearings   |               | 0.00                 |                          | 0.00                      |                   |
| f. Revocation Hearings   |               | 0.00                 |                          | 0.00                      |                   |
| g. Appeals Court   |               | 0.00                 |                          | 0.00                      |                   |
| h. Other (Specify on additional sheets)                        |               | 0.00                 |                          | 0.00                      |                   |
| (RATE PER HOUR = \$ ) TOTALS:                                  | 0.00          | 0.00                 | 0.00                     | 0.00                      |                   |
| 16. Out of Court   |               |                      |                          |                           |                   |
| a. Interviews and Conferences                                  |               | 0.00                 |                          | 0.00                      |                   |
| b. Obtaining and reviewing records                             |               | 0.00                 |                          | 0.00                      |                   |
| c. Legal research and brief writing                            |               | 0.00                 |                          | 0.00                      |                   |
| d. Travel time   |               | 0.00                 |                          | 0.00                      |                   |
| e. Investigative and other work (Specify on additional sheets) |               | 0.00                 |                          | 0.00                      |                   |
| (RATE PER HOUR = \$ ) TOTALS:                                  | 0.00          | 0.00                 | 0.00                     | 0.00                      |                   |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.)   |               |                      |                          |                           |                   |
| 18. Other Expenses (other than expert, transcripts, etc.)      |               |                      |                          |                           |                   |
| GRAND TOTALS (CLAIMED AND ADJUSTED):                           |               | 0.00                 |                          | 0.00                      |                   |

|   |  |  |  |                      |  |
|---|--|--|--|----------------------|--|
| 19. CERTIFICATION OF ATTORNEY/PAYER FOR THE PERIOD OF SERVICE   |  | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION   |  | 21. CASE DISPOSITION |  |
| FROM: _____ TO: _____   |  |  |  |                      |  |
| 22. CLAIM STATUS  |  | <input type="checkbox"/> Final Payment<br><input type="checkbox"/> Interim Payment Number _____<br><input type="checkbox"/> Supplemental Payment |  |                      |  |
| Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. |  | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO         |  |                      |  |
| Signature of Attorney _____   |  | Date _____   |  |                      |  |

| APPROVED FOR PAYMENT   |                        |                     | COURT USE ONLY     |                                   |
|--|------------------------|---------------------|--------------------|-----------------------------------|
| 23. IN COURT COMP.   | 24. OUT OF COURT COMP. | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOTAL AMT. APPR./CERT. \$0.00 |
| 28. SIGNATURE OF THE PRESIDING JUDGE   |                        |                     | DATE               | 28a. JUDGE CODE                   |
| 29. IN COURT COMP.   | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES | 32. OTHER EXPENSES | 33. TOTAL AMT. APPROVED \$0.00    |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. |                        |                     | DATE               | 34a. JUDGE CODE                   |

**CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 9/05)**

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| 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<br><input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense<br><input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other<br><input type="checkbox"/> Appeal |   | 9. TYPE PERSON REPRESENTED<br><input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant<br><input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee<br><input type="checkbox"/> Other |  |
| 10. REPRESENTATION TYPE<br>(See instructions)  |  |   |   |  |  |
| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>  |  |   |   |  |  |
| <b>REQUEST AND AUTHORIZATION FOR EXPERT SERVICES</b>   |  |   |   |  |  |
| 12. ATTORNEY'S STATEMENT<br>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:<br><input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR<br><input type="checkbox"/> 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)<br>Signature of Attorney _____ Date _____<br><input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization<br>ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS _____<br>Telephone Number: _____ |  |   |   |  |  |
| 13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)   |  |   | 14. TYPE OF SERVICE PROVIDER  |  |  |
| 15. COURT ORDER<br>Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in item 12 is hereby granted.<br>Signature of Presiding Judge or by Order of the Court _____<br>Date of Order _____ None Pro Tunc Date _____<br>Reimbursement or partial reimbursement ordered from the person represented for this service at time of authorization.<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |   | 01 <input type="checkbox"/> Investigator<br>02 <input type="checkbox"/> Interpreter/Translator<br>03 <input type="checkbox"/> Psychologist<br>04 <input type="checkbox"/> Psychiatrist<br>05 <input type="checkbox"/> Polygraph<br>06 <input type="checkbox"/> Document Examiner<br>07 <input type="checkbox"/> Fingerprint Analyst<br>08 <input type="checkbox"/> Accountant<br>09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)<br>10 <input type="checkbox"/> Chemist/Toxicologist<br>11 <input type="checkbox"/> Ballistics<br>12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert<br>13 <input type="checkbox"/> Pathologist/Medical Examiner<br>14 <input type="checkbox"/> Other Medical<br>15 <input type="checkbox"/> Voice/Audio Analyst<br>16 <input type="checkbox"/> Hair/Fiber Expert<br>17 <input type="checkbox"/> Computer (Hardware/Software/Systems)<br>18 <input type="checkbox"/> Paralegal Services<br>19 <input type="checkbox"/> Legal Analyst/Consultant<br>20 <input type="checkbox"/> Jury Consultant<br>21 <input type="checkbox"/> Mitigation Specialist<br>22 <input type="checkbox"/> Duplication Services (See instructions)<br>23 <input type="checkbox"/> Other (Specify) _____ |  |  |
|  |  |   |   |  |  |
| <b>CLAIM FOR SERVICES AND EXPENSES</b>   |  |   |   |  |  |
| 16. SERVICES AND EXPENSES<br>(Attach itemization of services with dates)   |  | AMOUNT CLAIMED  |   | FOR COURT USE ONLY   |  |
| a. Compensation  |  |   |   | MATH/TECHNICAL ADJUSTED AMOUNT   |  |
| b. Travel Expenses (lodging, parking, meals, mileage, etc.)  |  |   |   | ADDITIONAL REVIEW  |  |
| c. Other Expenses  |  |   |   |  |  |
| <b>GRAND TOTALS CLAIMED AND ADJUSTED:</b>  |  | \$0.00  |   | \$0.00   |  |
| 17. PAYEE'S NAME AND MAILING ADDRESS   |  |   |   |  |  |
| TIN: _____<br>Telephone Number: _____<br>CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____<br>CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment<br>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.<br>Signature of Claimant/Payee _____ Date _____  |  |   |   |  |  |
| 18. CERTIFICATION OF ATTORNEY (I hereby certify that the services were rendered for this case.)  |  |   |   |  |  |
| Signature of Attorney _____ Date _____   |  |   |   |  |  |
| <b>APPROVED FOR PAYMENT — COURT USE ONLY</b>   |  |   |   |  |  |
| 19. TOTAL COMPENSATION   |  | 20. TRAVEL EXPENSES   |   | 21. OTHER EXPENSES   |  |
|  |  |   |   | 22. TOTAL AMOUNT APPROVED/CERTIFIED \$0.00   |  |
| 23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained.<br><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 \$500.<br>Signature of Presiding Judge _____ Date _____ Judge Code _____   |  |   |   |  |  |
| 24. TOTAL COMPENSATION   |  | 25. TRAVEL EXPENSES   |   | 26. OTHER EXPENSES   |  |
|  |  |   |   | 27. TOTAL AMOUNT APPROVED \$0.00   |  |
| 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 _____   |  |   |   |  |  |



SCA 30 DEATH PENALTY PROCEEDINGS: APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 12/03)

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 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. TYPE PERSON REPRESENTED<br><input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Other<br><input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Appellee  |  | 9. REPRESENTATION TYPE<br><input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital)<br><input type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D4 Other (Specify) |  |
| 10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> |  |   |  |   |  |
| 11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS<br><br><br><br><br>Telephone Number: _____                               |  | 12. COURT ORDER:<br><input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel<br><input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney<br><input type="checkbox"/> P Subs For Panel <input type="checkbox"/> Y Standby Counsel<br><br>Prior Attorney's _____ Appointment Date: _____<br>(A) Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications by law, is appointed to represent the person in this case.<br>(B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL<br>Name of Co-Counsel _____ Appointment Date: _____<br>or Lead Counsel: _____ Appointment Date: _____<br>(C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead in counsel or co-counsel).<br><input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time, for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order.<br><br>_____<br>Signature of Presiding Judge or By Order of the Court<br><br>_____<br>Date of Order    Nunc Pro Tunc Date<br><br>(E) Repayment or partial repayment ordered from the person represented for this service at time of appointment.<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |   |  |
|   |  | 13. NAME AND MAILING ADDRESS OF LAW FIRM<br>(Only provide per instructions)   |  |   |  |

CLAIM FOR SERVICES AND EXPENSES

|   |   |   |   |  |                                   |                  |  |  |  |
|---|---|---|---|--|-----------------------------------|------------------|--|--|--|
| 14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding. |   |   |   |  |                                   |                  |  |  |  |
| CAPITAL PROSECUTION   |   |   | HABEAS CORPUS   |  |                                   | OTHER PROCEEDING |  |  |  |
| a. <input type="checkbox"/> Pre-Trial   | c. <input type="checkbox"/> Appeal                              | g. <input type="checkbox"/> Habeas Petition     | k. <input type="checkbox"/> Petition for the U.S. Supreme | i. <input type="checkbox"/> Stay of Execution  | a. <input type="checkbox"/> Other |                  |  |  |  |
| b. <input type="checkbox"/> Trial   | f. <input type="checkbox"/> Petition for the U.S. Supreme Court | h. <input type="checkbox"/> Evidentiary Hearing | l. <input type="checkbox"/> Writ of Certiorari            | m. <input type="checkbox"/> Appeal of Denial of Stay   |                                   |                  |  |  |  |
| c. <input type="checkbox"/> Sentencing  |   | i. <input type="checkbox"/> Dispositive Motions | Writ of Certiorari  | n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay |                                   |                  |  |  |  |
| d. <input type="checkbox"/> Other Post Trial  | j. <input type="checkbox"/> Appeal                              |   |   |  |                                   |                  |  |  |  |

| HOURS AND COMPENSATION CLAIMED  |               |                      |                           | FOR COURT USE ONLY         |                   |
|---|---------------|----------------------|---------------------------|----------------------------|-------------------|
| 15. CATEGORIES (Attach itemization of services with dates)                | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH. ADJUSTED HOURS | MATH/TECH. ADJUSTED AMOUNT | ADDITIONAL REVIEW |
| a. In-Court Hearings (RATE PER HOUR = \$ _____)                           |               | 0.00                 |                           |                            |                   |
| b. Interviews and Conferences with Client                                 |               |                      |                           |                            |                   |
| c. Witness Interviews   |               |                      |                           |                            |                   |
| d. Consultation with Investigators & Experts                              |               |                      |                           |                            |                   |
| e. Obtaining & Reviewing the Court Record                                 |               |                      |                           |                            |                   |
| f. Obtaining & Reviewing Documents and Evidence                           |               |                      |                           |                            |                   |
| g. Consulting with Expert Counsel   |               |                      |                           |                            |                   |
| h. Legal Research and Writing   |               |                      |                           |                            |                   |
| i. Travel   |               |                      |                           |                            |                   |
| j. Other (Specify on additional sheets)                                   |               |                      |                           |                            |                   |
| TOTALS: Categories a thru j (RATE PER HOUR = \$ _____)                    | 0.00          | 0.00                 | 0.00                      |                            |                   |
| CLAIM FOR TRAVEL AND EXPENSES (Attach itemization of expenses with dates) |               |                      |                           |                            |                   |
| 16. Travel Expenses (lodging, parking, meals, mileage, etc.)              |               |                      |                           |                            |                   |
| 17. Other Expenses (other than expert transcripts, etc.)                  |               |                      |                           |                            |                   |
| GRAND TOTALS CLAIMED AND ADJUSTED:  |               |                      | 0.00                      | 0.00                       |                   |

|  |                        |   |                    |                                |  |
|--|------------------------|---|--------------------|--------------------------------|--|
| 18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE<br>FROM: _____ TO: _____   |                        | 19. APPOINTMENT TERMINATION DATE<br>IF OTHER THAN CASE COMPLETION |                    | 20. CASE DISPOSITION           |  |
| 21. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment  |                        |   |                    |                                |  |
| Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO  |                        |   |                    |                                |  |
| Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, give details on additional sheets. |                        |   |                    |                                |  |
| I swear or affirm the truth or correctness of the above statements.  |                        |   |                    |                                |  |
| Signature of Attorney _____  |                        |   |                    | Date _____                     |  |
| <b>APPROVED FOR PAYMENT — COURT USE ONLY</b>   |                        |   |                    |                                |  |
| 22. IN COURT COMP.   | 23. OUT OF COURT COMP. | 24. TRAVEL EXPENSES   | 25. OTHER EXPENSES | 26. TOTAL AMT. APPROVED \$0.00 |  |
| 27. SIGNATURE OF THE PRESIDING JUDGE   |                        |   | DATE               | 27a. JUDGE CODE                |  |



**CJA 31 DEATH PENALTY PROCEEDINGS: EX PARTE REQUEST FOR AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 9/05)**

|  |  |   |  |  |                   |
|--|--|---|--|--|-------------------|
| 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. TYPE PERSON REPRESENTED<br><input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Other<br><input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Appellee |                   |
| 9. REPRESENTATION TYPE<br><input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital)<br><input type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D4 Other (Specify)  |  | 10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> |  |  |                   |
| <b>REQUEST AND AUTHORIZATION FOR EXPERT SERVICES</b>   |  |   |  |  |                   |
| 11. ATTORNEY'S STATEMENT<br>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:<br><input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR<br><input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (See Instructions)<br>Signature of Attorney _____ Date _____<br><input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization<br>ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS _____<br>Telephone Number: _____ |  |   |  |  |                   |
| 12. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)   |  |   | 13. TYPE OF SERVICE PROVIDER   |  |                   |
| 14. COURT ORDER    Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 11 is hereby granted.<br><br>Signature of Presiding Judge or By Order of the Court _____<br>Date of Order _____    Nunc Pro Tunc Date _____<br>Repayment or partial repayment ordered from the person represented for this service at time of authorization.<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |   | 01 <input type="checkbox"/> Investigator<br>02 <input type="checkbox"/> Interpreter/Translator<br>03 <input type="checkbox"/> Psychologist<br>04 <input type="checkbox"/> Psychiatrist<br>05 <input type="checkbox"/> Polygraph<br>06 <input type="checkbox"/> Documents Examiner<br>07 <input type="checkbox"/> Fingerprint Analyst<br>08 <input type="checkbox"/> Accountant<br>09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)<br>10 <input type="checkbox"/> Chemist/Toxicologist<br>11 <input type="checkbox"/> Ballistics<br>12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert<br>13 <input type="checkbox"/> Pathologist/Medical Examiner<br>14 <input type="checkbox"/> Other Medical<br>15 <input type="checkbox"/> Voice/Audio Analyst<br>16 <input type="checkbox"/> Hair/Fiber Expert<br>17 <input type="checkbox"/> Computer (Hardware/Software/Systems)<br>18 <input type="checkbox"/> Paralegal Services<br>19 <input type="checkbox"/> Legal Analyst/Consultant<br>20 <input type="checkbox"/> Jury Consultant<br>21 <input type="checkbox"/> Mitigation Specialist<br>22 <input type="checkbox"/> Duplication Services (See Instructions)<br>23 <input type="checkbox"/> Other (Specify) _____ |  |                   |
|  |  |   | 15. STAGE OF PROCEEDING    Check the box which corresponds to the stage of the proceeding during which the work claimed at item 16 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.   |  |                   |
| <b>CAPITAL PROSECUTION</b><br>a. <input type="checkbox"/> Pre-Trial    c. <input type="checkbox"/> Appeal<br>b. <input type="checkbox"/> Trial    d. <input type="checkbox"/> Petition for the U.S. Supreme Court Writ of Certiorari<br>e. <input type="checkbox"/> Sentencing    f. <input type="checkbox"/> Dispositive Motions<br>g. <input type="checkbox"/> Habeas Petition    h. <input type="checkbox"/> Evidentiary Hearing<br>i. <input type="checkbox"/> Other Post Trial    j. <input type="checkbox"/> Appeal  |  |   | <b>HABEAS CORPUS</b><br>k. <input type="checkbox"/> Petition for the U.S. Supreme Court Writ of Certiorari<br>l. <input type="checkbox"/> Stay of Execution<br>m. <input type="checkbox"/> Appeal of Denial of Stay<br>n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay  |  |                   |
| <b>CLAIM FOR SERVICES AND EXPENSES</b>   |  |   | <b>FOR COURT USE ONLY</b>  |  |                   |
| 16. SERVICES AND EXPENSES (Attach itemization of services with dates)  |  |   | AMOUNT CLAIMED   |  | ADDITIONAL REVIEW |
| a. Compensation  |  |   |  |  |                   |
| b. Travel Expenses (lodging, parking, meals, mileage, etc.)  |  |   |  |  |                   |
| c. Other Expenses  |  |   |  |  |                   |
| <b>GRAND TOTALS CLAIMED AND ADJUSTED:</b>  |  |   | \$0.00   |  | \$0.00            |
| 17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS _____<br>TIN: _____<br>Telephone Number: _____<br>CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____<br>CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment<br>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.<br>Signature of Claimant/Payee _____ Date _____   |  |   |  |  |                   |
| 18. CERTIFICATION OF ATTORNEY    I hereby certify that the services were rendered for this case.<br>Signature of Attorney _____ Date _____   |  |   |  |  |                   |
| <b>APPROVED FOR PAYMENT — COURT USE ONLY</b>   |  |   |  |  |                   |
| 19. TOTAL COMPENSATION   |  | 20. TRAVEL EXPENSES   |  | 21. OTHER EXPENSES   |                   |
|  |  |   |  | 22. TOTAL AMOUNT APPROVED/CERTIFIED \$0.00   |                   |
| 23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained; OR<br><input type="checkbox"/> 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 \$500.<br>Signature of Presiding Judge _____ Date _____ Judge Code _____  |  |   |  |  |                   |
| 24. TOTAL COMPENSATION   |  | 25. TRAVEL EXPENSES   |  | 26. OTHER EXPENSES   |                   |
|  |  |   |  | 27. TOTAL AMOUNT APPROVED \$0.00   |                   |
| 28. FOR REPRESENTATIONS COMMENCED AND APPELLATE PROCEEDINGS IN WHICH AN APPEAL IS PERFECTED ON OR AFTER APRIL 24, 1996.<br>A. Total compensation and expense payments approved to date (include amounts withheld for interim payments) for investigative, expert and other services for this representation is \$ _____<br>B. Payment approved (compensation and expenses) in excess of the statutory threshold for investigative, expert and other services under 21 U.S.C. § 848(q)(1)(X)(B).<br>Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____  |  |   |  |  |                   |

## IN COURT HOURLY WORKSHEET AND INSTRUCTIONS

The "in-court" worksheet was devised to standardize the itemization and documentation of hourly totals and "in-court" services performed by court appointed counsel in the defense of a client under the Criminal Justice Act. Each submission shall include the following:

- 1) The case number and the CJA 20 Voucher Number pertaining to the claim.
- 2) For each "in-court" service rendered, provide the following:
  - a) the date the service was performed
  - b) a brief description of the service performed
  - c) the time spent performing the service

The time spent performing the service should be reported in tenths of hours\*. In addition, the time reported shall be listed under the appropriate in-court service category, i.e., arraignment and/or plea, motions and requests, bail hearings, etc.

\* After the hours claimed have been documented, total the hours column pertaining to each service category. Should more than one page be required, a page total should be provided on each page. Each page should be numbered, Page 1 of 2, Page 2 of 2, etc.

A grand total of all page totals should be provided on the final page. The grand total hours for each service category should then be transferred to Item 17 of the CJA 20 Voucher Form. The "in-court" compensation should then be calculated by multiplying the total number of hours spent in court by the hourly rate. Enter this figure in Item 17A.

Attach the "in-court" hourly worksheet(s) to the CJA 20.

---

|   |            |   |     |      |            |   |     |      |
|---|------------|---|-----|------|------------|---|-----|------|
| * | 6 Minutes  | = | .1  | Hour | 36 Minutes | = | .6  | Hour |
|   | 12 Minutes | = | .2  | Hour | 42 Minutes | = | .7  | Hour |
|   | 15 Minutes | = | .25 | Hour | 45 Minutes | = | .75 | Hour |
|   | 18 Minutes | = | .3  | Hour | 48 Minutes | = | .8  | Hour |
|   | 24 Minutes | = | .4  | Hour | 54 Minutes | = | .9  | Hour |
|   | 30 Minutes | = | .5  | Hour | 60 Minutes | = | 1.0 | Hour |

---

[illegible]

## OUT-OF-COURT HOURLY WORKSHEET AND INSTRUCTIONS

The "out-of-court" worksheet was devised to standardize the itemization and documentation of hourly totals and "out-of-court" services performed by court appointed counsel. The following information shall be provided on the worksheet:

- 1) The case number and CJA 20 Voucher Number pertaining to the case.
- 2) For each "out-of-court" service rendered provide the following:
  - a) the date the service was performed
  - b) a brief description of the service performed; and
  - c) the time spent performing the service

The time spent performing the service shall be reported in tenths of hours. In addition, the time reported shall be listed under the appropriate "out-of-court" service category, i.e., Interviews and conferences, obtaining and review records, legal research and brief writing, etc.

Note: Travel time to and from court (or the place where service is rendered) may not be claimed if the round-trip time is less than one hour.

Once all "out-of-court" services have been documented, total the hours column pertaining to each service category. Should more than one page be required, a page total should be provided on each page. Each page should be numbered, Page 1 of 2, Page 2 of 2, etc.

A grand total of all page totals should be provided on the final page. The grand total hours for each service category should then be transferred to Item 18 of the CJA 20 Voucher Form. The "out-of-court" compensation should be calculated by multiplying the applicable rate per hour by the total hours. Enter this figure in Item 18A.

Once all necessary information has been completed and transferred to the CJA 20 Form, , attach the "out-of-court" worksheet(s) to the CJA 20.

Page \_\_\_\_\_ of \_\_\_\_\_

Case Number: \_\_\_\_\_

Voucher Number : \_\_\_\_\_

B-9

## OTHER EXPENSE WORKSHEET AND INSTRUCTIONS

The "other" expense worksheet was devised to standardize the itemization of other reimbursable expenses incurred by court appointed counsel under the Criminal Justice Act. Each attorney shall provide the following information on the worksheet:

1. The district court case number or magistrate case number pertaining to the claim.
2. For each item incurred, provide the following:
  - a) the date incurred,
  - b) a brief explanation of the expense; and
  - c) the amount of expense incurred.

Expense items such as mileage and copying should reflect the total miles and pages, respectively, multiplied by the applicable rate. The expenses incurred should then be listed under the appropriate "other" expense category, i.e., mileage, parking, meals, etc. Once all necessary information has been completed and transferred to the CJA 20 Form, attach supporting documentation, i.e., receipts, canceled checks and invoices for all expenses in excess of \$50.00.

## FORM--OTHER EXPENSE WORKSHEET

Page \_\_\_\_\_ of \_\_\_\_\_

Case Number: \_\_\_\_\_

**Voucher Number :** \_\_\_\_\_

## Expenses Worksheet

[illegible]

## APPENDIX C

### APPLICATION FOR ADMISSION TO HOUSTON-GALVESTON CJA PANEL

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON-GALVESTON DIVISIONS

*Type All Entries*

#### I. GENERAL INFORMATION

A. Name: \_\_\_\_\_

B. Name of Firm, Partnership, or Professional Corporation:  
\_\_\_\_\_

C. Office Street Address  
\_\_\_\_\_  
\_\_\_\_\_

D. Mailing Address (*if different from above street address*)  
\_\_\_\_\_  
\_\_\_\_\_

E. Office Telephone Number (*include area code*) \_\_\_\_\_

F. Cellular Number (*include area code*) \_\_\_\_\_

G. E-Mail Address \_\_\_\_\_

H. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No: \_\_\_\_-\_\_\_\_-\_\_\_\_



I. Professional Organizations, Awards, Honors, etc.

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J. Fluency (office capacity) in the following languages:

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**II. BAR ADMISSION AND CERTIFICATIONS**

A. State Bar Membership Number: \_\_\_\_\_

B. Date Admitted to State Bar of Texas: \_\_\_\_\_

C. Date first Admitted to Practice in the United States District Court for the  
Southern District of Texas:

---

D. Date first Admitted to Practice in the United States Court of Appeals for the  
Fifth Circuit: *(if not admitted, please so state)*.

---

E. Please List All Other Courts In Which You Are Admitted to Practice and Give  
Dates of Admission:

---

F. Field of Special Interest (appeals, habeas corpus, trial, felony and capital cases):

---

G. Date and Field of Certification by Texas Board of Legal Specialization:

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### III. TRIAL EXPERIENCE

A. Nature of Legal Experience

---

---

B. Number of Criminal Jury Trials [estimate]:

State \_\_\_\_\_ Federal \_\_\_\_\_

C. Number of Criminal Trials to the Court [estimate]:

State \_\_\_\_\_ Federal \_\_\_\_\_

D. Number of Hearings or Other Contested Matters [estimate]:

---

### IV. APPELLATE EXPERIENCE

Number of Criminal Appeals Handled:

|                | <i>Briefs Submitted</i> | <i>Oral Arguments</i> |
|----------------|-------------------------|-----------------------|
| <i>State</i>   | _____                   | _____                 |
| <i>Federal</i> | _____                   | _____                 |

**V. PEER AND COURT REVIEW**

- A. List the names of two lawyers, not your partners, associates, or relatives, with whom or against whom you have tried a case in the last three years who may be contacted and who can attest to your competence in criminal law:

|   |  |
|---|--|
| _____   | _____  |
| <i>Name</i>   | <i>Firm or Employer</i>                        |
| _____   | _____  |
| <i>Number &amp; Street-Room No.<br/>or Bldg. Name-Suite</i> | <i>City</i> <i>Zip</i>                         |
| _____   | _____  |
|   | <i>Office Phone Number (include area code)</i> |
| _____   | _____  |
| <i>Name</i>   | <i>Firm or Employer</i>                        |
| _____   | _____  |
| <i>Number &amp; Street-Room No.<br/>or Bldg. Name-Suite</i> | <i>City</i> <i>Zip</i>                         |
| _____   | _____  |
|   | <i>Office Phone Number (include area code)</i> |

- B. List the names of two judges before whom you have appeared in a contested matter in the last three years.

|                           |   |
|---------------------------|---|
| _____                     | _____   |
| <i>Name of Judge</i>      | <i>Name of Court</i>                              |
| _____                     | _____   |
| <i>City</i> <i>County</i> | <i>Court Telephone Number (include area code)</i> |

|   |                      |
|---|----------------------|
| <i>Name of Judge</i>                              | <i>Name of Court</i> |
| <i>City</i>                                       | <i>County</i>        |
| <i>Court Telephone Number (include area code)</i> |                      |

## VI. CONTINUING LEGAL EDUCATION

List CLE in which you have participated as: (a) attendee or (b) teacher/lecturer in the last three years. (*Give course title, sponsor, and date.*)

Attendee:

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Teacher/Lecturer:

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## VII. GRIEVANCE MATTERS: (*Check Appropriate Response*)

- A. State whether you have been disbarred, suspended, reprimanded, or otherwise disciplined by any segment of the bar, including, but not limited to, any local, district or state grievance authority of an organized bar. If yes, give full details by attachment to this application.

☐ Yes

☐ No

- B. Do you now have any charges pending against you, either in court or grievance committee, that could result in the filing of a malpractice suit, a grievance committee proceeding, or a suit for disciplinary action? If yes, give full details by attachment to this application.

☐ Yes

☐ No

- C. State whether you have been adjudicated guilty of a serious crime as defined below and whether the adjudication resulted from a plea of guilty or nolo contendere or from a verdict after trial. If yes, give full details by attachment to this application.

For purposes of this application, the term "serious crime" shall include any felony. It shall also include any lesser crime, a necessary element of which, as determined by the statutory or common law definition of such crime, involved improper conduct of an attorney, interference with the administration of justice, false swearing, misrepresentation, fraud, willful failure to file income tax returns, deceit, bribery, extortion, misappropriation, theft, or an attempt or a conspiracy or solicitation of another to commit a serious crime.

☐ Yes

☐ No

### VIII. PETITION AND AUTHORIZATION

I hereby apply to the Panel Selection Committee for admission to the Criminal Justice Act Panel of the Houston Division of the United States District Court for the Southern District of Texas for a term of three years and if selected for the panel, agree to accept appointments under the Criminal Justice Act.

In making and filing this application, I authorize the Panel Selection Committee to make inquiry of lawyers and judges named herein as to my competence in criminal law. I acknowledge that information received by the Panel Selection Committee will be held in confidence and I waive any right to review statements made to that Committee.

---

Date

---

Typed Name of Applicant

---

Signature of Applicant

Additional Pages May Be Attached As Needed.

## APPENDIX D

### PRETRIAL SERVICES

#### NOTICE TO DEFENDANT

I, \_\_\_\_\_

Print Name (First, Middle, Last)

am being asked questions about myself by a pretrial services officer. I will not be questioned about the charges and I should avoid talking about them at this time. I understand that I am under no obligation to provide any information and do not have to answer any questions.

Any answers to these questions will be used by the court to decide whether I will be released or kept in jail pending any further proceedings. The information will be made available to the court, to my attorney, and to the prosecuting attorney.

Any information I provide should be truthful. Providing false information is a separate crime and could be used to deny my release before trial or increase my sentence if I am convicted.

If I am found guilty, either after trial or after pleading guilty, the information I provide here will be made available to a U.S. probation officer for the purpose of preparing a presentence report and may affect my sentence in this or another case.

I know I have the right to speak with a lawyer before answering any questions. If I cannot afford a lawyer, one will be appointed to represent me. Asking for a lawyer will not hurt my chance for pretrial release, but may delay the decision on whether or not I will be released until counsel is obtained.

I have read this form, or had it read to me, and I understand what it means.

I do \_\_\_\_\_ I do not \_\_\_\_\_ want a lawyer during this interview.

DATE: \_\_\_\_\_

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

\_\_\_\_\_  
PRETRIAL SERVICES OFFICER

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SERVICIOS PREVIOS AL JUICIO

### NOTIFICACIÓN A LOS ACUSADOS

Mi nombre es \_\_\_\_\_

Entiendo que un oficial de Servicios Previos al Juicio va a preguntarme de mis datos generales. No se me preguntará sobre los cargos, y debo evitar hablar sobre ellos en estos momentos. También entiendo que no estoy obligado a dar información y que no tengo que contestar ninguna pregunta.

Cualquier respuesta a estas preguntas será utilizada por el tribunal para decidir si yo seré puesto en libertad o detenido mientras se tramita el juicio. Esta información estará disponible en el tribunal para mi abogado y el fiscal.

Cualquier información que yo proporcione deberá ser verídica. Dar información falsa es un delito independiente, y ello se podría utilizar para negarme la libertad provisional bajo fianza o para aumentar mi condena si se me encuentra culpable.

Si me encuentran culpable, ya sea después de juicio o después de haberme declarado culpable, la información que yo de estará disponible a un Oficial de Libertad Condicional (probación) de los Estados Unidos, con el propósito de preparar un informe de presentencia que podría afectar mi sentencia en este o en otra causa.

Entiendo que tengo el derecho de hablar con un abogado antes de contestar cualquier pregunta. Si no puedo pagar un abogado, uno será nombrado para que me represente. El requerir de un abogado no perjudicará mi posibilidad de lograr salir en libertad previa al juicio, pero sí puede demorar la decisión sobre si voy a quedar libre o no mientras se consigue un abogado.

He leído este formulario, o se me ha leído, y entiendo su contenido.

¿Desear tener un abogado durante la entrevista?    Si \_\_\_\_\_    No \_\_\_\_\_

Fecha: \_\_\_\_\_

\_\_\_\_\_  
FIRMA DEL ACUSADO

\_\_\_\_\_  
OFICIAL DE SERVICIOS PREVIOS AL JUICIO

Anotaciones: \_\_\_\_\_  
\_\_\_\_\_

# FINANCIAL AFFIDAVIT

CJA-223  
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY FEE OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES ☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

IN THE CASE OF

FOR

AT

LOCATION NUMBER

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

PERSON REPRESENTED (Show your full name)

- ☐ 1 Defendant - Adult
- ☐ 2 Defendant - Juvenile
- ☐ 3 Appellant
- ☐ 4 Probation Violator
- ☐ 5 Parole Violator
- ☐ 6 Habeas Petitioner
- ☐ 7 2255 Petitioner
- ☐ 8 Material Witness
- ☐ 9 Other (Specify) \_\_\_\_\_

CHARGE/OFFENSE (describe if applicable & check box ☐ Felony ☐ Misdemeanor)

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

| <b>ASSETS</b>                  | <b>EMPLOYMENT</b>  | Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self Employed<br>Name and address of employer: _____<br>IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____<br>How much did you earn per month? \$ _____<br>If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____ |  |            |              |          |          |          |          |          |          |          |
|--------------------------------|--|---|--|------------|--------------|----------|----------|----------|----------|----------|----------|----------|
|                                | <b>OTHER INCOME</b>  | Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>RECEIVED _____ SOURCES _____<br>IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____<br>THE SOURCES _____  |  |            |              |          |          |          |          |          |          |          |
|                                | <b>CASH</b>  | Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____  |  |            |              |          |          |          |          |          |          |          |
|                                | <b>PROPERTY</b>  | Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>VALUE _____ DESCRIPTION _____<br>IF YES, GIVE THE VALUE AND \$ _____<br>DESCRIBE IT _____  |  |            |              |          |          |          |          |          |          |          |
| <b>OBLIGATIONS &amp; DEBTS</b> | <b>DEPENDENTS</b>  | MARITAL STATUS<br><input type="checkbox"/> SINGLE<br><input type="checkbox"/> MARRIED<br><input type="checkbox"/> WIDOWED<br><input type="checkbox"/> SEPARATED OR DIVORCED   | Total No. of Dependents _____<br>List persons you actually support and your relationship to them<br>_____<br>_____<br>_____  |            |              |          |          |          |          |          |          |          |
|                                | <b>DEBTS &amp; MONTHLY BILLS</b><br>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.) | APARTMENT OR HOME: _____<br>Creditors: _____<br>_____<br>_____  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Total Debt</th> <th style="width: 40%;">Monthly Pay.</th> </tr> </thead> <tbody> <tr> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table> | Total Debt | Monthly Pay. | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Total Debt                     | Monthly Pay.   |   |  |            |              |          |          |          |          |          |          |          |
| \$ _____                       | \$ _____   |   |  |            |              |          |          |          |          |          |          |          |
| \$ _____                       | \$ _____   |   |  |            |              |          |          |          |          |          |          |          |
| \$ _____                       | \$ _____   |   |  |            |              |          |          |          |          |          |          |          |
| \$ _____                       | \$ _____   |   |  |            |              |          |          |          |          |          |          |          |

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)