APPENDIX TO THE 2005 CRIMINAL JUSTICE ACT PLAN FOR THE SOUTHERN DISTRICT OF TEXAS

LAREDO DIVISION 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 75-100 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.

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

A. GENERAL

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.

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.

   (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 $125.00 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 $178.00, 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. The Fifth Circuit's Special Procedures for Reviewing Attorney Compensation Requests in Death Penalty Cases and the limits on fees and expenses are on the court's website.

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

(a) With Prior Authorization $2,400
(per organization or individual, exclusive of reimbursement for expenses reasonably incurred, per individual authorization to perform said service.)

(b) Without Prior Authorization $ 800
(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 $800 plus expenses reasonably incurred.

4. 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.

5. 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. Use form CJA-21 or CJA-31 and treat as a paralegal expense to request reimbursement.

6. 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).

7. 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

✎CJA 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	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.*

12. ATTORNEY'S NAME *(First Name, M.I., Last Name, including any suffix),* AND MAILING ADDRESS

Telephone Number : _____

13. COURT ORDER

☐ O Appointing Counsel ☐ C Co-Counsel
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney
☐ P Subs For Panel Attorney ☐ Y Standby Counsel

Prior Attorney's Appointment Dates: _____

☐ 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

☐ Other *(See Instructions)*

Signature of Presiding Judge or By Order of the Court

Date of Order Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time appointment. ☐ YES ☐ NO

14. NAME AND MAILING ADDRESS OF LAW FIRM *(Only provide per instructions)*

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.	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other *(Specify on additional sheets)*					
	(RATE PER HOUR = $) TOTALS:					
16.	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work *(Specify on additional sheets)*					
	(RATE PER HOUR = $) TOTALS:					
17.	Travel Expenses *(lodging, parking, meals, mileage, etc.)*					
18.	Other Expenses *(other than expert, transcripts, etc.)*					
	GRAND TOTALS (CLAIMED AND ADJUSTED):					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE

FROM: _____ **TO:** _____

20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number _____ ☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ 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? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

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.

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

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. 1/06)

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 ☐ Appellan ☐ Juvenile Defendant ☐ Appellee ☐ Othe	

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 $500,* 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	15	☐	Other Medical
02	☐	Interpreter/Translator	16	☐	Voice/Audio Analyst
03	☐	Psychologist	17	☐	Hair/Fiber Expert
04	☐	Psychiatrist	18	☐	Computer (Hardware/ Software/Systems)
05	☐	Polygraph			
06	☐	Documents Examiner	19	☐	Paralegal Services
07	☐	Fingerprint Analyst	20	☐	Legal Analyst/Consultant
08	☐	Accountant	21	☐	Jury Consultant
09	☐	CALR (Westlaw/Lexis, etc.)	22	☐	Mitigation Specialist
10	☐	Chemist/Toxicologist	23	☐	Duplication Services *(See Instructions)*
11	☐	Ballistics			
13	☐	Weapons/Firearms/Explosive Expert	24	☐	Other *(Specify)*
14	☐	Pathologist/Medical Examiner			

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 Judge or By Order of the Court

_____ _____

Date of Order Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of authorization.

☐ 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 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

2 ☐ Either the cost *(excluding expenses)* of these services does not exceed $500, 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 $500.

_____ _____ _____

Signature of Presiding Judge Date Judge Code

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED

28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)

_____ _____ _____

Signature of Chief Judge, Court of Appeals (or Delegate) Date Judge Code

✎CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (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	9. TYPE PERSON REPRESENTED	10. REPRESENTATION TYPE *(See Instructions)*
	☐ Felony ☐ Petty Offense ☐ Misdemeanor ☐ Other ☐ Appeal _____	☐ Adult Defendant ☐ Appellant ☐ Juvenile Defendant ☐ Appellee ☐ Othe _____	

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*

REQUEST AND AUTHORIZATION FOR TRANSCRIPT

12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED *(Describe briefly)*

13. PROCEEDING TO BE TRANSCRIBED *(Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).*

14. SPECIAL AUTHORIZATIONS	JUDGE'S INITIALS
A. Apportioned _____ % of transcript with *(Give case name and defendant)*	
B. ☐ Expedited ☐ Daily ☐ Hourly Transcript ☐ Realtime Unedited Transcript	
C. ☐ Prosecution Opening Statement ☐ Prosecution Argument ☐ Prosecution Rebuttal ☐ Defense Opening Statement ☐ Defense Argument ☐ Voir Dire ☐ Jury Instructions	
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.	

15. ATTORNEY'S STATEMENT

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 _____

Printed Name _____

Telephone Number: _____

☐ Panel Attorney ☐ Retained Attorney ☐ Pro-Se ☐ Legal Organization

16. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.

Signature of Presiding Judge or By Order of the Court _____

Date of Order _____ Nunc Pro Tunc Date _____

CLAIM FOR SERVICES

17. COURT REPORTER/TRANSCRIBER STATUS

☐ Official ☐ Contract ☐ Transcriber ☐ Other

18. PAYEE'S NAME AND MAILING ADDRESS

Telephone Number: _____

19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE

20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original						
Copy						
Expense *(Itemize)*						
					TOTAL AMOUNT CLAIMED:	

21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment *(compensation or anything of value)* from any other source for these services.

Signature of Claimant/Payee _____ Date _____

ATTORNEY CERTIFICATION

22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.

Signature of Attorney or Clerk _____ Date _____

APPROVED FOR PAYMENT — COURT USE ONLY

23. APPROVED FOR PAYMENT	24. AMOUNT APPROVED
Signature of Judge or Clerk of Court _____ Date _____	

✎CJA 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	9. REPRESENTATION TYPE
	☐ Adult Defendant ☐ Appellant ☐ Other ☐ Habeas Petitioner ☐ Appellee _____	☐ D1 28 U.S.C. § 2254 Habeas (Capital) ☐ D3 28 U.S.C. § 2255 (Capital) ☐ D2 Federal Capital Prosecution ☐ D4 Other (Specify) _____

10. 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.*

11. ATTORNEY'S NAME *(First Name, M.I., Last Name, including any suffix)*, AND MAILING ADDRESS

Telephone Number: _____

12. COURT ORDER:

☐ O Appointing Counsel ☐ C Co-Counsel
☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney
☐ P Subs For Panel ☐ Y Standby Counsel

Prior Attorney's Name: _____ **Appointment Date:** _____

(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.

(B) The attorney named in Item 11 is appointed to serve as: ☐ LEAD COUNSEL ☐ CO-COUNSEL

Name of Co-Counsel or Lead Counsel: _____ **Appointment Date:** _____

(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).

☐ (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.

_____
Signature of Presiding Judge or By Order of the Court

_____ _____
Date of Order Nunc Pro Tunc Date

(E) Repayment or partial repayment ordered from the person represented for this service at time of appointment.
☐ YES ☐ NO

13. NAME AND MAILING ADDRESS OF LAW FIRM *(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. ☐ Pre-Trial	e. ☐ Appeal		g ☐ Habeas Petition	k ☐ Petition for the U.S. Supreme Writ of Certiorari		l. ☐ Stay of Execution	o ☐ Other _____	
b ☐ Trial	f. ☐ Petition for the U.S. Supreme Court Writ of Certiorari		h ☐ Evidentiary Hearing			m. ☐ Appeal of Denial of Stay		
c. ☐ Sentencing			i. ☐ Dispositive Motions			n. ☐ Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay		
d ☐ Other Post Trial			j. ☐ 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 = $)				IN COURT TOTAL *Category a*	IN COURT TOTAL *Category a*
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				OUT OF COURT TOTAL *Categories b-j*	OUT OF COURT TOTAL *Categories b-j*
g. Consulting with Expert Counsel					
h. Legal Research and Writing					
i. Travel					
j. Other *(Specify on additional sheets)*					
TOTALS: Categories b thru j (RATE PER HOUR =)					
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):					

18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE	19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	20. CASE DISPOSITION
_____ **TO:** _____		

21. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number _____ ☐ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ 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? ☐ YES ☐ NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney _____ Date _____

APPROVED FOR PAYMENT — COURT USE ONLY

22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED

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
☐ Adult Defendant ☐ Appellant ☐ Other
☐ Habeas Petitioner ☐ Appellee _____

9. REPRESENTATION TYPE
☐ D1 28 U.S.C. § 2254 Habeas (Capital) ☐ D3 28 U.S.C. § 2255 (Capital)
☐ D2 Federal Capital Prosecution ☐ D4 Other (Specify) _____

10. 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

11. 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. *(See Instructions)*

Signature of _____ 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: _____

12. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES *(See Instructions)*

13. TYPE OF SERVICE PROVIDER

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

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.

_____
Signature of Presiding Judge or By Order of the Court

_____ _____
Date of Order Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of authorization.
☐ YES ☐ NO

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.

CAPITAL PROSECUTION		HABEAS CORPUS		OTHER PROCEEDING	
a. ☐ Pre-Trial	e. ☐ Appeal	g. ☐ Habeas Petition	k. ☐ Petition for the U.S. Supreme Court Writ of Certiorari	l. ☐ Stay of Execution	o. ☐ Other _____
b. ☐ Trial	f. ☐ Petition for the U.S. Supreme Court Writ of Certiorari	h. ☐ Evidentiary Hearing		m. ☐ Appeal of Denial of Stay	
c. ☐ Sentencing		i. ☐ Dispositive Motions		n. ☐ Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay	
d. ☐ Other Post Trial		j. ☐ Appeal			

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 _____

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 $500, or prior authorization was obtained; OR

☐ 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.

_____ _____ _____
Signature of Presiding Judge Date Judge Code

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED

28. FOR REPRESENTATIONS COMMENCED AND APPELLATE PROCEEDINGS IN WHICH AN APPEAL IS PERFECTED ON OR AFTER APRIL 24, 1996,

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 $ _____

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)(10)(B).

_____ _____ _____
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.

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*	6	Minutes	=	.1	Hour	36 Minutes	=	.6	Hour
	12	Minutes	=	.2	Hour	42 Minutes	=	.7	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

FORM--IN COURT HOURLY WORKSHEET

Page _____ of _____

Case Number: _____

Voucher Number : _____

In Court Hourly Worksheet

Date	Brief Explanation of Services	Arraignment and/or pleas	Bail and Detention Hearings	Motions Hearings	Trial	Sentence Hearings	Revocation Hearings	Appeals Court	Other
Page Total									
Grand Total									

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.

FORM--OUT OF COURT HOURLY WORKSHEET

Page _____ of _____

Case Number: _____

Voucher Number : _____

Out of Court Hourly Worksheet

Date	Brief Explanation of Services	Interviews and conferences	Obtaining and reviewing records	Legal research and brief writing	Travel time	Investigative and other work
Page Total						
Grand Total						

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 : _____

Out of Court Hourly Worksheet

Date	Brief Explanation of Services	Interviews and conferences	Obtaining and reviewing records	Legal research and brief writing	Travel time	Investigative and other work
Page Total						
Grand Total						