

MAY 11 2011

David J. Bradley, Clerk of Court

By Deputy Clerk *Camel Cassady*

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS

IN THE MATTER OF
THE APPROVAL OF THE
CRIMINAL JUSTICE ACT PLANS
FOR THE CORPUS CHRISTI AND
LAREDO DIVISIONS OF THE
SOUTHERN DISTRICT OF TEXAS

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GENERAL ORDER NO. 2011-05

ORDER

The District Judges of the Southern District of Texas approved for adoption the Criminal Justice Act Plans for the Corpus Christi and Laredo Divisions and forwarded same to the Judicial Council of the Fifth Circuit for approval. On May 10, 2011, the Fifth Circuit Judicial Council approved said Criminal Justice Act Plans.

It is, therefore, ORDERED that the attached Criminal Justice Act Plans for the Corpus Christi and Laredo Divisions of the Southern District of Texas, are adopted effective May 10, 2011.

ORDERED this 11th day of May, 2011.

Ricardo H. Hinojosa

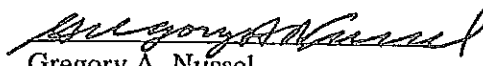
RICARDO H. HINOJOSA
CHIEF JUDGE

THE JUDICIAL COUNCIL OF THE FIFTH CIRCUIT

REVIEWING PANEL --- CRIMINAL JUSTICE ACT PLAN

The division-specific Criminal Justice Act Plans for the Corpus Christi and Laredo Divisions of the Southern District of Texas are approved.

Entered for the Reviewing Panel at New Orleans, Louisiana, this 10th day of May, 2011.



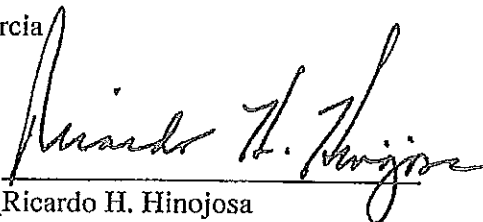
Gregory A. Nussel
Secretary to the Judicial Council
of the Fifth Circuit

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
W. Eugene Davis
Emilio M. Garza
Fortunato P. Benavides
Carl E. Stewart
Edward C. Prado
Priscilla R. Owen
Catharina Haynes
Eldon E. Fallon
James J. Brady
Dee D. Drell
Sharion Aycock
Keith Starrett
John H. McBryde
Ricardo H. Hinojosa
David Folsom
Orlando L. Garcia

(b) United States District Judge:



Ricardo H. Hinojosa
Chief United States District Judge
Southern District of Texas

APPENDIX A

CORPUS CHRISTI 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 Administering the CJA and Related Statutes (Volume VII, Part A, 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 must have worksheets itemizing the dates services were rendered, a description of the legal services rendered in representation of the client, and the time expended in rendering the legal services.

Expenses must be itemized and documented.

In an extended or complex case, vouchers must be submitted monthly.

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

Out of pocket expenses reasonably 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) Costs for traveling from an attorney's office/duty station and the courthouse will not be reimbursed.
- (c) Travel time shall not be charged as an expense except where travel is away from the duty station where the courthouse is located.
- (d) Counsel's expenses for meals and lodgings incurred in the representation of the defendant constitute reimbursable out of pocket expenses.
- (e) 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 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. With the exception of capital cases, case compensation maximums are also established by statute and will be recognized in all cases unless a case becomes extended or complex. Ultimate approval in such cases is made by the Chief Judge of the Fifth Circuit or her/his designee.
- (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. Ultimate approval in such cases is made by the Chief Judge of the Fifth Circuit or her/his designee.
- (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, 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 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. 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 or e-filed, expenses will be reimbursed only if normal mail service or e-filing 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. Use form CJA-21 or CJA-31 and treat as a paralegal expense.

7. Legal Research

- (a) Hours claimed for legal research and writing must identify the issue or issues that were the subject matter of the research;
- (b) In extended or complex cases, the hours claimed for legal research and writing must identify the issue or issues that were the subject matter of the research and the docket number of the relevant pleadings; and
- (c) A copy of the bill for the use of equipment for computer assisted legal research must be attached to the compensation voucher.

8. Other Expenses

Other expenses include items such as telephone calls, express delivery, 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.

Any invoice or bill for an expert or the services of any third party for which a party/attorney seeks reimbursement must be attached to the appropriate form CJA-21. The Court expects any such expense to be approved in advance.

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

B-4

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 <i>(Case Name)</i>		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellan <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Othe	
10. REPRESENTATION TYPE <i>(See Instructions)</i>					
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>					
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: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. <i>(Note: Prior authorization should be obtained for services in excess of \$500, excluding expenses)</i> Signature of Attorney _____ Date _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME <i>(First Name, M.I., Last Name, including any suffix)</i> , AND MAILING ADDRESS _____ <div style="text-align: right;">Telephone Number: _____</div>					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES <i>(See Instructions)</i>			14. TYPE OF SERVICE PROVIDER		
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. <input type="checkbox"/> YES <input type="checkbox"/> NO			01 <input type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 13 <input type="checkbox"/> Pathologist/Medical Examiner 14 <input type="checkbox"/> Other Medical 15 <input type="checkbox"/> Voice/Audio Analyst 16 <input type="checkbox"/> Hair/Fiber Expert 17 <input type="checkbox"/> Computer (Hardware/Software/Systems) 18 <input type="checkbox"/> Paralegal Services 19 <input type="checkbox"/> Legal Analyst/Consultant 20 <input type="checkbox"/> Jury Consultant 21 <input type="checkbox"/> Mitigation Specialist 22 <input type="checkbox"/> Duplication Services 23 <input type="checkbox"/> Other <i>(Specify)</i> 24 <input type="checkbox"/>		
			FOR COURT USE ONLY		
16. SERVICES AND EXPENSES		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT	
a. <i>(Attach itemization of services with dates)</i>					
b. Travel Expenses <i>(lodging, parking, meals, mileage, etc.)</i>					
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 <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> 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 <i>(compensation or anything of value)</i> 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 <input type="checkbox"/> Either the cost <i>(excluding expenses)</i> of these services does not exceed \$500, or prior authorization was obtained. <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 <i>(excluding expenses)</i> exceeds \$500. <div style="display: flex; justify-content: space-between;"> <div>Signature of Presiding Judge _____</div> <div>Date _____</div> <div>Judge Code _____</div> </div>					
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 _____					

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 <i>(Case Name)</i>		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Othe		10. REPRESENTATION TYPE <i>(See Instructions)</i>	
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>							
REQUEST AND AUTHORIZATION FOR TRANSCRIPT							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED <i>(Describe briefly)</i>							
13. PROCEEDING TO BE TRANSCRIBED <i>(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).</i>							
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned _____ % of transcript with <i>(Give case name and defendant)</i>							
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Signature of Attorney </div> <div style="width: 45%;"> _____ Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> _____ Printed Name </div> <div style="width: 45%;"></div> </div> Telephone Number: _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ Signature of Presiding Judge or By Order of the Court </div> <div style="width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> _____ Date of Order </div> <div style="width: 45%;"> _____ Nunc Pro Tunc Date </div> </div>			
CLAIM FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS <div style="text-align: right; margin-top: 20px;">Telephone Number: _____</div>			
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 <i>(Itemize)</i>							
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 <i>(compensation or anything of value)</i> 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. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ Signature of Attorney or Clerk </div> <div style="width: 45%;"> _____ Date </div> </div>							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ Signature of Judge or Clerk of Court </div> <div style="width: 45%;"> _____ Date </div> </div>						24. AMOUNT APPROVED	

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 (<i>Case Name</i>)		8. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Other <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Appellee _____		9. REPRESENTATION TYPE <input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <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 (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS		12. COURT ORDER: <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel <input type="checkbox"/> 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: <input type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> 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). <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. <div style="text-align: center;">_____ Signature of Presiding Judge or By Order of the Court</div> <div style="display: flex; justify-content: space-around;"><div style="text-align: center;">_____ Date of Order</div><div style="text-align: center;">_____ Nunc Pro Tunc Date</div></div>			
Telephone Number: _____					
13. NAME AND MAILING ADDRESS OF LAW FIRM (<i>Only provide per instructions</i>)		(E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <div style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</div>			

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 PROCEEDING				HABEAS CORPUS				OTHER PROCEEDING			
a. <input type="checkbox"/>	Pre-Trial	f. <input type="checkbox"/>	Appeal	g. <input type="checkbox"/>	Habeas Petition	k. <input type="checkbox"/>	Petition for the	l. <input type="checkbox"/>	Stay of Execution	o. <input type="checkbox"/>	Other
b. <input type="checkbox"/>	Trial	e. <input type="checkbox"/>	Petition for the	h. <input type="checkbox"/>	Evidentiary Hearing	m. <input type="checkbox"/>	U.S. Supreme	n. <input type="checkbox"/>	Appeal of Denial of Stay		
c. <input type="checkbox"/>	Sentencing	d. <input type="checkbox"/>	U.S. Supreme Court	i. <input type="checkbox"/>	Dispositive Motions	j. <input type="checkbox"/>	Writ of Certiorari	n. <input type="checkbox"/>	Petition for Writ of Certiorari to the U.S.		
d. <input type="checkbox"/>	Other Post Trial	e. <input type="checkbox"/>	Writ of Certiorari	j. <input type="checkbox"/>	Appeal	k. <input type="checkbox"/>	Supreme Court Regarding Denial of Stay				

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

18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE <div style="text-align: center;"> TO: _____ </div>	19. APPOINTMENT TERMINATION DATE 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 _____ <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 (<i>compensation or anything of value</i>) 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 _____

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

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 (<i>Case Name</i>)		8. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Other <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Appellee		9. REPRESENTATION TYPE <input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <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>																																			
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: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (<i>See Instructions</i>) Signature of _____ Date _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS _____ Telephone Number: _____																																			
12. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (<i>See Instructions</i>)			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. 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. <input type="checkbox"/> YES <input type="checkbox"/> NO			01 <input type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 14 <input type="checkbox"/> Pathologist/Medical Examiner																																
			15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services (<i>See Instructions</i>) 24 <input type="checkbox"/> Other (<i>Specify</i>) _____																																
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.																																			
<table style="width:100%; border: none;"> <tr> <td colspan="2" style="text-align: center;">CAPITAL PROSECUTION</td> <td colspan="2" style="text-align: center;">HABEAS CORPUS</td> <td colspan="2" style="text-align: center;">OTHER PROCEEDING</td> </tr> <tr> <td>a. <input type="checkbox"/> Pre-Trial</td> <td>e. <input type="checkbox"/> Appeal</td> <td>g. <input type="checkbox"/> Habeas Petition</td> <td>k. <input type="checkbox"/> Petition for the</td> <td>l. <input type="checkbox"/> Stay of Execution</td> <td>o. <input type="checkbox"/> Other</td> </tr> <tr> <td>b. <input type="checkbox"/> Trial</td> <td>f. <input type="checkbox"/> Petition for the</td> <td>h. <input type="checkbox"/> Evidentiary Hearing</td> <td>U.S. Supreme Court</td> <td>m. <input type="checkbox"/> Appeal of Denial of Stay</td> <td></td> </tr> <tr> <td>c. <input type="checkbox"/> Sentencing</td> <td>U.S. Supreme Court</td> <td>i. <input type="checkbox"/> Dispositive Motions</td> <td>Writ of Certiorari</td> <td>n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay</td> <td></td> </tr> <tr> <td>d. <input type="checkbox"/> Other Post Trial</td> <td>Writ of Certiorari</td> <td>j. <input type="checkbox"/> Appeal</td> <td></td> <td></td> <td></td> </tr> </table>						CAPITAL PROSECUTION		HABEAS CORPUS		OTHER PROCEEDING		a. <input type="checkbox"/> Pre-Trial	e. <input type="checkbox"/> Appeal	g. <input type="checkbox"/> Habeas Petition	k. <input type="checkbox"/> Petition for the	l. <input type="checkbox"/> Stay of Execution	o. <input type="checkbox"/> Other	b. <input type="checkbox"/> Trial	f. <input type="checkbox"/> Petition for the	h. <input type="checkbox"/> Evidentiary Hearing	U.S. Supreme Court	m. <input type="checkbox"/> Appeal of Denial of Stay		c. <input type="checkbox"/> Sentencing	U.S. Supreme Court	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	Writ of Certiorari	j. <input type="checkbox"/> Appeal			
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d. <input type="checkbox"/> Other Post Trial	Writ of Certiorari	j. <input type="checkbox"/> Appeal																																	
			FOR COURT USE ONLY																																
16. SERVICES AND EXPENSES		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT																															
a. <i>Attach itemization of services with dates</i>																																			
b. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)																																			
c. Other Expenses																																			
GRAND TOTALS (CLAIMED AND ADJUSTED):																																			
17. PAYEE'S NAME (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS _____																																			
TIN: _____																																			
Telephone _____																																			
CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____																																			
CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> 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 (<i>compensation or anything of value</i>) 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. <input type="checkbox"/> Either the cost (<i>excluding expenses</i>) of these services does not exceed \$500, or prior authorization was obtained; OR <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 (<i>excluding expenses</i>) 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.

*	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

[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.

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 : _____

Expenses Worksheet

Date	Brief Explanation of Services	Travel Expenses (Item 19A)				Other Expenses (Item 19B)			
		Mileage	Parking	Meals	Lodging	Copying	Postage	Toll Calls	Other
Page Total									
Grand Total									

APPENDIX C

APPLICATION FOR ADMISSION TO CORPUS CHRISTI DIVISION CJA PANEL

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
CORPUS CHRISTI DIVISION

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.

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

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:

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. TRAINING PANEL

If you have little or no experience handling federal criminal trials and Sentencing Guidelines issues, are you willing to accept a limited number of second chair appointments, without compensation, alongside a more experienced Assistant Federal Public Defender or CJA attorney to gain experience prior to being appointed solo for compensation?

☐ Yes ☐ No ☐ N/A

VI. 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:

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

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

VII. 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:	<hr/>
	<hr/>
	<hr/>
Teacher/Lecturer:	<hr/>
	<hr/>
	<hr/>

VIII. 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

IX. PETITION AND AUTHORIZATION

I hereby apply to the Panel Selection Committee for admission to the Criminal Justice Act Panel of the Brownsville Division of the United States District Court for the Southern District of Texas for a term of five 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 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.

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

[illegible]

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 <i>(Case Name)</i>	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellan <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Othe	10. REPRESENTATION TYPE <i>(See Instructions)</i>
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>			

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

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 <i>(Attach itemization of services with dates)</i>	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses <i>(lodging, parking, meals, mileage, etc.)</i>			
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 <input type="checkbox"/> Either the cost <i>(excluding expenses)</i> of these services does not exceed \$500, or prior authorization was obtained. <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 <i>(excluding expenses)</i> 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

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 <i>(Case Name)</i>		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Othe		10. REPRESENTATION TYPE <i>(See Instructions)</i>	
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>							
REQUEST AND AUTHORIZATION FOR TRANSCRIPT							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED <i>(Describe briefly)</i>							
13. PROCEEDING TO BE TRANSCRIBED <i>(Describe specifically)</i> . 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 <i>(Give case name and defendant)</i>							
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> 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. <div style="display: flex; justify-content: space-between;"> <div>_____ Signature of Attorney</div> <div>_____ Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ Printed Name</div> <div></div> </div> Telephone Number: _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> 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. <div style="display: flex; justify-content: space-between;"> <div>_____ Signature of Presiding Judge or By Order of the Court</div> <div></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ Date of Order</div> <div>_____ Nunc Pro Tunc Date</div> </div>		
CLAIM FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> 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 <i>(Itemize)</i>							
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 <i>(compensation or anything of value)</i> 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. <div style="display: flex; justify-content: space-between;"> <div>_____ Signature of Attorney or Clerk</div> <div>_____ Date</div> </div>							
APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT <div style="display: flex; justify-content: space-between;"> <div>_____ Signature of Judge or Clerk of Court</div> <div>_____ Date</div> </div>						24. AMOUNT APPROVED	

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 <i>(Case Name)</i>		8. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Other <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Appellee _____	9. REPRESENTATION TYPE <input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <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>			

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 <i>(See Instructions)</i> _____ 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. <input type="checkbox"/> YES <input type="checkbox"/> NO	13. TYPE OF SERVICE PROVIDER <table style="width:100%;"> <tr> <td style="width:50%;"> 01 <input type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 14 <input type="checkbox"/> Pathologist/Medical Examiner </td> <td style="width:50%;"> 15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services 24 <input type="checkbox"/> Other <i>(Specify)</i> _____ </td> </tr> </table>	01 <input type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 14 <input type="checkbox"/> Pathologist/Medical Examiner	15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services 24 <input type="checkbox"/> Other <i>(Specify)</i> _____
01 <input type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 14 <input type="checkbox"/> Pathologist/Medical Examiner	15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services 24 <input type="checkbox"/> Other <i>(Specify)</i> _____		

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. <input type="checkbox"/> Pre-Trial e. <input type="checkbox"/> Appeal g. <input type="checkbox"/> Habeas Petition k. <input type="checkbox"/> Petition for the U.S. Supreme Court b. <input type="checkbox"/> Trial f. <input type="checkbox"/> Petition for the U.S. Supreme Court i. <input type="checkbox"/> Evidentiary Hearing m. <input type="checkbox"/> Appeal of Denial of Stay c. <input type="checkbox"/> Sentencing j. <input type="checkbox"/> Dispositive Motions 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 Writ of Certiorari l. <input type="checkbox"/> Stay of Execution o. <input type="checkbox"/> Other		

CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY	
16. SERVICES AND EXPENSES <i>(Attach itemization of services with dates)</i>	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses <i>(lodging, parking, meals, mileage, etc.)</i>			
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. <input type="checkbox"/> Either the cost <i>(excluding expenses)</i> of these services does not exceed \$500, or prior authorization was obtained; OR			
<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 <i>(excluding expenses)</i> 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.

*	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						