

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"/> Other	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 \$800, 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 ( <i>See Instructions</i> )	14. TYPE OF SERVICE PROVIDER ( <i>See Instructions</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. <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	
24 <input type="checkbox"/> Other ( <i>Specify</i> ) _____	
25 <input type="checkbox"/> Litigation Support Services	
26 <input type="checkbox"/> Computer Forensics Expert	

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			
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>			

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
23. <input type="checkbox"/> Either the total cost ( <i>excluding expenses</i> ) of all services combined does not exceed \$800, 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 \$800.			
_____ 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