✎CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 1/06)

| 1. CIR./DIST./ DIV. CODE | 2. PERSON REPRESENTED | VOUCHER NUMBER |
|---|---|---|
| | Doe, John | |

| 3. MAG. DKT./DEF. NUMBER | 4. DIST. DKT./DEF. NUMBER | 5. APPEALS DKT./DEF. NUMBER | 6. OTHER DKT. NUMBER |
|---|---|---|---|
| 3:08-mj-99999 | 3:09-cr-99999-01-S | | |

| 7. IN CASE/MATTER OF *(Case Name)* | 8. PAYMENT CATEGORY | 9. TYPE PERSON REPRESENTED | 10. REPRESENTATION TYPE *(See Instructions)* |
|---|---|---|---|
| USA v. Doe | ☑ Felony ☐ Petty Offense ☐ Misdemeanor ☐ Other ☐ Appeal | ☑ Adult Defendant ☐ Appellant ☐ Juvenile Defendant ☐ Appellee ☐ Other | Criminal |

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

21:(a)(1)&(b)(1)(B)(m); 18:922(g)(1) & 924(a)(2

## 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

Lynn Goetzinger
601 W Broadway, Louisville KY 40202

Telephone Number: (502) 999-9999

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

Attorney/Client Visit (Oldham County)

14. TYPE OF SERVICE PROVIDER

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

15. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judge or By Order of the Court _____

Date of Order _____ Nunc Pro Tunc Date _____

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

☐ YES ☐ NO

## CLAIM FOR SERVICES AND EXPENSES / FOR COURT USE ONLY

| 16. SERVICES AND EXPENSES *(Attach itemization of services with dates)* | AMOUNT CLAIMED | MATH/TECHNICAL ADJUSTED AMOUNT | ADDITIONAL REVIEW |
|---|---|---|---|
| a. Compensation | 100.00 | | |
| b. Travel Expenses *(lodging, parking, meals, mileage, etc.)* | | | |
| c. Other Expenses | | | |
| **GRAND TOTALS (CLAIMED AND ADJUSTED):** | $100.00 | $0.00 | |

17. PAYEE'S NAME AND MAILING ADDRESS

Sally News
1313 Mockingbird Lane, Louisville KY 40202

TIN: 999-99-9999

Telephone Number: (502) 999-9999

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM 3/1/2009 TO 3/1/2009

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 |
|---|---|---|---|
| | | | $0.00 |

23. ☐ Either the cost *(excluding expenses)* of these services does not exceed $500, or prior authorization was obtained.

☐ Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost *(excluding expenses)* exceeds $500.

Signature of Presiding Judge _____ Date _____ Judge Code _____

| 24. TOTAL COMPENSATION | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOTAL AMOUNT APPROVED |
|---|---|---|---|
| | | | $0.00 |

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

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

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