CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 05/10)

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED	VOUCHER NUMBER

3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER

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

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

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 *(See Instructions)*

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

14. TYPE OF SERVICE PROVIDER

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

CLAIM FOR SERVICES AND EXPENSES — FOR COURT USE ONLY

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

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
			$0.00

23. ☐ Either the cost *(excluding expenses)* of these services does not exceed $800, 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 $800.

_____ _____ _____
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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