CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 04/11)

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)*

Interpreter

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 *(See Instructions)*

01	❒	Investigator	17	❒	Hair/Fiber Expert
02	☑	Interpreter/Translator	18	❒	Computer (Hardware/ Software/Systems)
03	❒	Psychologist	19	❒	Paralegal Services
04	❒	Psychiatrist	20	❒	Legal Analyst/Consultant
05	❒	Polygraph	21	❒	Jury Consultant
06	❒	Documents Examiner	22	❒	Mitigation Specialist
07	❒	Fingerprint Analyst	23	❒	Duplication Services
08	❒	Accountant	24	❒	Other *(Specify)*
09	❒	CALR (Westlaw/Lexis, etc.)			
10	❒	Chemist/Toxicologist	25	❒	Litigation Support Services
11	❒	Ballistics	26	❒	Computer Forensics Expert
13	❒	Weapons/Firearms/Explosive Expert			
14	❒	Pathologist/Medical Examiner			
15	❒	Other Medical			
16	❒	Voice/Audio Analyst			

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	0.00		
b. Travel Expenses *(lodging, parking, meals, mileage, etc.)*	0.00		
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):	$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

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

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

Print Save As... Submit Reset

INTERPRETER'S CJA 21 WORKSHEET
(for Language Skilled & Certified Rates)

COMPENSATION
Interpreting
Is your time split with any other defendant(s)? Yes ☐ No ☐

- Defendant(s) Name and Case Number: _____
  _____

Location of Service: _____

Date of Service: _____ Time: From _____ To: _____
Start Time and End Time (to include travel time)

☐ Half Day (0-4 hrs) ($103/$210) ÷ _____ (# of Defendants) = $_____

☐ Full Day (4-8 hrs) ($187/$388) ÷ _____ (# of Defendants) = $_____

Translation of Document(s):
Name of document: _____

Number of words:	(General Document)	(Number of Words)	_____ x .135 = $____
	(Semi-Technical Document)	(Number of Words)	_____ x .140 = $____
	(Technical Document)	(Number of Words)	_____ x .150 = $____

TRAVEL EXPENSES
Mileage: _____ miles x $.56 ÷ _____ (Number of Defendants) = $_____
Parking: $_____ amount ÷ ____ (Number of Defendants) = $_____

OTHER EXPENSES
Description: _____ $_____