## **Statement Supporting Expert Request**

Appointed attorneys (or retained counsel for eligible clients) may obtain investigative, expert, and other services necessary for adequate representation. Prior authorization is not required for \$1,000 in expert fees per case (excluding expenses). Before incurring expert fees in excess of \$1,000 per case, prior authorization from the Court is required. Please answer all questions and attach additional pages if needed. If a question is not applicable, mark n/a. Attach completed form to the authorization request in eVoucher.

| Case Information                       |                   |  |  |
|--|-------------------|--|--|
| Attorney Name:                         |                   |  |  |
| Defendant Name:                        |                   |  |  |
| Docket Number:                         | Defendant Number: |  |  |
| Offenses Charged:                      |                   |  |  |
| Number of Co-Defendants:               |                   |  |  |
| Service Provider Information           |                   |  |  |
| Service Type:                          |                   |  |  |
| Name of Service Provider:              |                   |  |  |
| Authorization                          |                   |  |  |
| New Authorization                      |                   |  |  |
| Estimated Expert Funding:              |                   |  |  |
| Modification to Previous Authorization |                   |  |  |
|  |                   |  |  |

Previously Authorized Amount:

Additional Amount Requested:

## **Service Details**

If the service provider is from out of state, please detail any attempts made to find a local service provider:

Please describe the anticipated services, any complicating factors that increase costs, or cost-sharing with other Defendants:

Please describe why these services are necessary for the adequate representation of the Defendant:

Please provide a basis for your estimate for services for this Defendant; will costs be shared by other Defendants?

If services in excess of \$900 were obtained from this service provider prior to submitting a request for Court authorization, explain why additional funding is now requested for this provider, and the anticipated total CJA expense for this provider.

Please provide any additional information that may be pertinent to the court's decision:

| Attorney Signature: |  | Date: |  |
|---------------------|--|-------|--|
|---------------------|--|-------|--|