O CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 5/99)

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)*
	G Felony G Petty Offense G Misdemeanor G Other G Appeal	G Adult Defendant G Appellant G Juvenile Defendant G Appellee G 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:

G Authorization to obtain the service. Estimated Compensation and Z _____ OR

G 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 $300,* excluding expenses)

Signature of Attorney _____ Date _____

G Panel Attorney G Retained Attorney G Pro-Se G Legal Organization

ATTORNEY'S NAME (*First Name, M.I., Last Name, including any suffix),* AND MAILING ADDRESS

Telephone _____

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

14. TYPE OF SERVICE PROVIDER

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

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

17. PAYEE'S NAME *(First Name, M.I., Last Name, including any suffix),* AND MAILING ADDRESS

TIN: _____

Telephone _____

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____

CLAIM STATUS G Final Payment G Interim Payment Number _____ G 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 _____ Dat _____

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.

Signature of _____ Dat _____

APPROVED FOR PAYMENT — COURT USE ONLY

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED

23. G Either the cost *(excluding expenses)* of these services does not exceed $300, or prior authorization was obtained.

G 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 $300.

_____ _____ _____
Signature of Presiding Judicial Officer Date Judge/Mag. 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