

OFFICE OF THE
FEDERAL DEFENDER

KATHERIAN D. ROE
Federal Defender

District of Minnesota

107 U.S. Courthouse
300 South Fourth Street
Minneapolis, MN 55415
Phone: 612-664-5858
Fax: 612-664-5850

Instructions for Completing CJA 21
AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

Updated January 10, 2011

CJA Attorneys - - Submit the forms directly to Office of Federal Defender for first review.

For Advance Authorization

Complete the following Boxes:

- 1-11 - - Complete - it will be the same information that is on your CJA 20
- 12 - - Complete type of authorization requested, including dollar amount and hourly rate of expert. SIGNATURE, date, appointment status, mailing address of attorney and telephone number.
- 13 - - Description and justification for services sought.
- 14 - - Check type of service sought.
- 17 - - Name, address and phone number of expert to be hired.

If Judge approves advance request, voucher will be sent to the Expert. When Expert has completed his/her services, he/she will complete the following Boxes:

- 16a-c - - Under "Amount Claimed" fill in the compensation, travel expenses and other expenses. Total "Amount Claimed" Attach a detailed invoice.
- 17 - - List SSN# or TIN# (Tax Id No.), dates of service, check claim status SIGNATURE and date.

Forward to Attorney for SIGNATURE and date in Box 18. Attorney will then return voucher to the Office of the Federal Defender.

Please contact Lisa at the Federal Defender's Office at 612-664-5859 if you have any questions completing expert forms.

ADVANCE APPROVAL (see also 18 USC 3006A(e))

- Under \$800 Advance approval not required. Costs are subject to subsequent review by Court. CJA Form 21 must still be completed.
- Up to \$2,400 Attorney completes Block 1-14 and forwards to the Office of the Federal Defender. The Federal Defender then forwards to the District Court for approval.
- Over \$2,400 Eighth Circuit approval is required **before** services exceed \$2,400.
- Attach a "Memorandum" form to the previously prepared CJA form (or a copy of the CJA form if the expert already has the original). Be sure to include hourly rate of expert hired.
 - Send documents to Federal Defender Office. They will submit them first for the District Court Judge or Magistrate Judge's approval and then to Chief Judge Riley of the Eighth Circuit.
- EXPENSES -- Experts are subject to the same rules as apply to CJA attorneys.

CAUTIONARY NOTE: If advance approval is NOT obtained, the Court has no obligation to pay for the expert services. Obtain advance approval for expert services.

Spanish Interpreters

The Court will have an interpreter at in-court hearings.

You may choose an interpreter for meeting with your client at jail, etc.

Remember to use the CJA Form 21 for advance approval.

You may use an interpreter from the Clerk's Office Roster of Interpreters or from other sources.

The certified interpreters have passed the federal certification process.

Court rates for Spanish interpreters are:

On or after 2/1/10:

Federally Certified Spanish Interpreters:

Full Day: \$388

Half-Day: \$210

Overtime: \$55 per hour

Language Skilled (Non-Certified):

Full Day: \$187

Half-Day: \$103

Overtime: \$32 per hour

Prior Court rates :

(4/1/09 to 1/31/10):

Federally Certified Spanish interpreters = \$208/half day or \$384/full day; overtime \$54/hour

Language skilled = \$102/half day or \$185/full day; overtime \$32/hour

(1/2/08 to 3/31/09):

Federally Certified Spanish interpreters = \$204/half day or \$376/full day; overtime \$53/hour

Language skilled = \$100/half day or \$181/full day; overtime \$31/hour

(4/2/07 to 1/1/08):

Federally Certified Spanish interpreters = \$197/half day or \$364/full day

Language skilled = \$94/half day or \$175/full day.

A contract interpreter cannot charge the CJA for any half-day or full-day for which he or she is already receiving payment from any federal judicial court unit or other CJA case.

Psychiatrists, Psychologists

The *Guide*, Vol VII, Chapter 3, ¶ 3.11 provides that CJA Funds may be requested to pay for psychiatric and related services obtained in accordance with subsection (e) of the CJA upon a determination that the services are “necessary for an adequate defense.” These are “defense” services, where the defendant selects the expert and controls the disclosure of the expert’s report. It is important to note that psychiatrists and related experts may be used in many circumstances in which payment is made from a source other than the CJA appropriation. In these situations the Court or the government selects the expert and persons other than the defendant also have access to the expert’s report. The Department of Justice (DOJ) generally pays for these services.

SOURCE OF PAYMENT (see <i>Guide</i>, Vol VII, Chapter 3, ¶ 3.11 for most current chart).		
Type of Service	CJA	DOJ
1. To determine mental competency to stand trial, under 18 U.S.C. § 4241. 1 a. Examination Costs		Yes, regardless of which party requests, including examination on court's own motion.
1 b. Testimony costs for examiner if called at hearing		Yes, regardless of which party calls.
1 c. Testimony costs for examiner if called at trial.	If witness appears on behalf of defense.	If witness appears on behalf of government.
2. To determine existence of insanity at time of offense, under § 4242. 2 a. Examination costs		Yes
2 b. Testimony costs of examiner if called at trial.		Yes, regardless of which party calls.
3. To determine existence of insanity at time of offense, under CJA subsection (e). 3 a. Examination costs	Yes	
3 b. Testimony costs for examiner if called at trial	Yes	
4. To determine mental condition of hospitalized person found not guilty only by reason of insanity, under § 4243.		
4 a. Examination costs		Yes
4 b. Testimony costs for examiner if called at hearing.		Yes, regardless of which party calls.
5. To determine mental condition of convicted person suffering from mental disease or defect, under § 4244		
5 a. Examination costs		Yes
5 b. Testimony costs for examiner if called at hearing.		Yes, regardless of which party calls.
6. To determine mental condition of imprisoned person under §4245		
a. Examination costs		Yes, including costs of additional examiner selected by imprisoned person in accordance with § 4247(b)
b. Testimony costs		Yes, regardless of which party calls, including additional examiner selected by imprisoned person in accordance with § 4247(b)
7. To determine mental condition of hospitalized person due for release, under § 4246		
a. Examination costs		Yes, including costs of additional examiner selected by hospitalized person in accordance with § 4247(b)
b. Testimony costs for examiner if called at hearing		Yes, regardless of which party calls, including additional examiner selected by hospitalized person in accordance with § 4247(b)
8. Examination of a person in custody as a material witness		Yes, under all circumstances
9. Examination and testimony costs for expert witnesses not appointed under §§ 4241, 4242, 4243, 4244, 4245, 4246	If requested by the defense	If requested by the government, or if appointed as an independent expert on court's own motion under Fed. R. Evid. 706

SAMPLE
M E M O R A N D U M

TO: Honorable James Riley
Chief Circuit Judge
United States Court of Appeals for the Eighth Circuit

FROM: CJA Panel Attorney's name

DATE: February 1, 2007

SUBJECT: Advance Authorization for Investigative, Expert, or
Other Services

It is requested that advance authorization be granted to obtain services in an amount in excess of the maximum allowed under the provisions of subsection (e)(3) of the Criminal Justice Act, 18 U.S.C. § 3006A, as follows:

Case Name & Designation: U.S. v. John Doe
Criminal No. 05-100(JMR/AJB)

Name of Expert or Investigator: Jane Smith

Address: 123 Maple Street
Minneapolis, MN 55415
(612) 000-0000

Type of Expert: Investigator

Reasons for Application:

In order to effectively represent my client in this matter, it is necessary to have the assistance of an investigator throughout the discovery phase, preparation for trial and trial. My client is one of nine defendants charged with 50 counts of drug conspiracy and possession of cocaine with intent to distribute.

This multiple count indictment was filed following a protracted wiretap by the government involving several residences. The government recorded hundreds of telephone conversations as depicted on over 100 cassette tapes and volumes of typed transcriptions. It is necessary for us to review the transcriptions and tapes in order to decipher the fact, or extent, of my client's involvement in the alleged conspiracy.

During the discovery process, it has become clear that there exist a number of individuals who will be used as witnesses by the government at the time of trial. It is imperative to my client's case to learn what, if any, evidence the government witnesses will testify to with respect to his involvement in the alleged conspiracy. I also need an investigator to uncover inconsistent versions of their stories, develop information for cross examination and develop motives for witnesses' testimony.

Advance Approval

US v Doe

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An investigator is necessary to locate and review additional records that may prove favorable to the defense and follow up with any necessary witness interviews that logically flow from the information obtained in the records.

I believe that the requested amount of \$4,000 (80 hours at \$50/hour) for investigative services in this case is required to effectively represent my client.

Estimated Compensation/Fee \$4,000.00 (including \$1,600 previously approved) (rate = \$50/hour)

I certify that the estimated compensation in excess of the maximum set forth in 18 U.S.C. § 3006A(e)(3) appears necessary to provide fair compensation for services of an unusual character or duration and therefore recommend approval of this advance authorization in the amount of \$_____.

ARTHUR J. BOYLAN
U.S. Magistrate Judge

DATE

Advance authorization is hereby approved in the amount of \$_____.

Bringing the total advance authorization to \$_____ at \$_____/hour.

WILLIAM JAY RILEY
Chief Circuit Judge, United States Court of Appeals

DATE

MEMORANDUM

TO: Honorable James Riley
Chief Circuit Judge
United States Court of Appeals for the Eighth Circuit

FROM: _____

DATE: _____

SUBJECT: Advance Authorization for Investigative, Expert, or
Other Services

It is requested that advance authorization be granted to obtain services in an amount in excess of the maximum allowed under the provisions of subsection (e)(3) of the Criminal Justice Act, 18 U.S.C. § 3006A, as follows:

Case Name & Designation: _____
Criminal No. _____

Name of Expert or Investigator: _____

Address:

Type of Expert: _____

Reasons for Application:

[insert narrative explanation]

Expert Request
US v _____
Page 2

Hourly rate of expert \$ _____

Estimated Compensation/Fee \$ _____

I certify that the estimated compensation in excess of the maximum set forth in 18 U.S.C. § 3006A(e)(3) appears necessary to provide fair compensation for services of an unusual character or duration and therefore recommend approval of this advance authorization in the amount of \$ _____.

DATE

U.S. Magistrate or District Judge

Advance authorization is hereby approved in the amount of \$ _____.

Bringing the total advance authorization to \$ _____ at \$ _____/hour.

WILLIAM JAY RILEY
Chief Circuit Judge, United States Court of Appeals

DATE

SAMPLE ADVANCE APPROVAL REQUEST

§ CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 12/03)

1. CIR./DIST./DIV. CODE MX		2. PERSON REPRESENTED JOHN DOE		VOUCHER NUMBER LEAVE BLANK (FD WILL ADD)																											
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 05-100 JMR/AJB		5. APPEALS DKT./DEF. NUMBER																											
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) US V DOE		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal																											
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellan <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) Criminal Case CC																													
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18 USC 922(g)(2) Felon in possession of a firearm																															
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: <input checked="" type="checkbox"/> Authorization to obtain the service. Estimated Compensation \$ 1,600 at \$50/hour OR <input type="checkbox"/> 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 panel attorney signs here Date 00/00/0000 <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Be sure to fill in name and address Telephone Number: (612) xxx-xxxx																															
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) Factual investigation for defense purposes.			14. TYPE OF SERVICE PROVIDER																												
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. <input type="checkbox"/> YES <input type="checkbox"/> NO			<table border="0" style="width: 100%;"> <tr> <td>01 <input checked="" type="checkbox"/> Investigator</td> <td>15 <input type="checkbox"/> Other Medical</td> </tr> <tr> <td>02 <input type="checkbox"/> Interpreter/Translator</td> <td>16 <input type="checkbox"/> Voice/Audio Analyst</td> </tr> <tr> <td>03 <input type="checkbox"/> Psychologist</td> <td>17 <input type="checkbox"/> Hair/Fiber Expert</td> </tr> <tr> <td>04 <input type="checkbox"/> Psychiatrist</td> <td>18 <input type="checkbox"/> Computer (Hardware/Software/Systems)</td> </tr> <tr> <td>05 <input type="checkbox"/> Polygraph</td> <td>19 <input type="checkbox"/> Paralegal Services</td> </tr> <tr> <td>06 <input type="checkbox"/> Documents Examiner</td> <td>20 <input type="checkbox"/> Legal Analyst/Consultant</td> </tr> <tr> <td>07 <input type="checkbox"/> Fingerprint Analyst</td> <td>21 <input type="checkbox"/> Jury Consultant</td> </tr> <tr> <td>08 <input type="checkbox"/> Accountant</td> <td>22 <input type="checkbox"/> Mitigation Specialist</td> </tr> <tr> <td>09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)</td> <td>23 <input type="checkbox"/> Duplication Services (See Instructions)</td> </tr> <tr> <td>10 <input type="checkbox"/> Chemist/Toxicologist</td> <td>24 <input type="checkbox"/> Other (Specify)</td> </tr> <tr> <td>11 <input type="checkbox"/> Ballistics</td> <td></td> </tr> <tr> <td>12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert</td> <td></td> </tr> <tr> <td>13 <input type="checkbox"/> Pathologist/Medical Examiner</td> <td></td> </tr> </table>			01 <input checked="" type="checkbox"/> Investigator	15 <input type="checkbox"/> Other Medical	02 <input type="checkbox"/> Interpreter/Translator	16 <input type="checkbox"/> Voice/Audio Analyst	03 <input type="checkbox"/> Psychologist	17 <input type="checkbox"/> Hair/Fiber Expert	04 <input type="checkbox"/> Psychiatrist	18 <input type="checkbox"/> Computer (Hardware/Software/Systems)	05 <input type="checkbox"/> Polygraph	19 <input type="checkbox"/> Paralegal Services	06 <input type="checkbox"/> Documents Examiner	20 <input type="checkbox"/> Legal Analyst/Consultant	07 <input type="checkbox"/> Fingerprint Analyst	21 <input type="checkbox"/> Jury Consultant	08 <input type="checkbox"/> Accountant	22 <input type="checkbox"/> Mitigation Specialist	09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)	23 <input type="checkbox"/> Duplication Services (See Instructions)	10 <input type="checkbox"/> Chemist/Toxicologist	24 <input type="checkbox"/> Other (Specify)	11 <input type="checkbox"/> Ballistics		12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert		13 <input type="checkbox"/> Pathologist/Medical Examiner	
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16. SERVICES AND EXPENSES				FOR COURT USE ONLY																											
		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT																											
		ADDITIONAL REVIEW																													
a. Compensation (Attach itemization of services with dates)																															
b. Travel Expenses (lodging, parking, meals, mileage, etc.)																															
c. Other Expenses																															
GRAND TOTALS (CLAIMED AND ADJUSTED):																															
17. PAYEE'S NAME AND MAILING ADDRESS Blue Moon Detective Agency 123 Main Street Anywhere, MN 55415 TIN: 41-xxxxxxx Telephone Number: (612) xxx-xxxx CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> 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. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained. <input type="checkbox"/> 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 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 _____																															

