

**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 1, 2015

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)

CJA guidelines are located at www.uscourts.gov

(Limitations at <http://www.uscourts.gov/uscourts/cjaort/services.html#>)

- Under \$800 Up to **\$800** per case (not per expert), excluding expenses, may be expended at any point on services **without** prior authorization, subject to subsequent review. Fees expended on services with prior authorization do not count towards the “**\$800** without prior authorization” limit. Once the “**\$800** without prior authorization” limit is reached, prior authorization is required unless it is waived by the presiding judge upon a finding that in the interest of justice, timely procurement of necessary services could not await prior authorization.
- 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 Office of the Federal Defender. 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 1/1/2015:

Federally Certified Spanish Interpreters:

Full Day: \$412

Half-Day: \$223

Overtime: \$58 per hour

Language Skilled (Non-Certified):

Full Day: \$198

Half-Day: \$109

Overtime: \$34 per hour

Prior Court rates :

(2/1/10 to 12/31/14):

Federally Certified Spanish interpreters = \$210/half day or \$388/full day; overtime \$55/hour

Language skilled = \$103/half day or \$187/full day; overtime \$32/hour

(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 to Judiciary Policy*, Volume 7, Chapter 3, § 320.20 provides that CJA Funds may be requested to pay for psychiatric and related services obtained in accordance with 18 U.S.C. § 3006A(e) 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.

The chart available at the following site summarizes payment responsibility for the various circumstances in which psychiatric and related services are utilized.

<http://www.uscourts.gov/uscourts/cjaort/services.html#/?page=11>

SAMPLE
M E M O R A N D U M

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

FROM: CJA Panel Attorney's name

DATE: January 1, 2015

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. 15-100(MJD/TNL)

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 \$_____.

TONY LEUNG
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 William Jay 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]

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 (<i>Case Name</i>)	8. PAYMENT CATEGORY <input 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 type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellan <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Othe	10. REPRESENTATION TYPE <i>(See Instructions)</i>
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>			

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 \$300, 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 (<i>See Instructions</i>)	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	01 <input type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 13 <input type="checkbox"/> Pathologist/Medical Examiner 14 <input type="checkbox"/> _____ 15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services (<i>See Instructions</i>) 24 <input type="checkbox"/> Other (<i>Specify</i>) _____

CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY	
16. SERVICES AND EXPENSES <i>(Attach itemization of services with dates)</i>	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):			

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
2 <input type="checkbox"/> Either the cost (<i>excluding expenses</i>) 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 (<i>excluding expenses</i>) 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 _____

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 (<i>Case Name</i>) 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"/> Othe		10. REPRESENTATION TYPE <i>(See Instructions)</i> 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. (<i>Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses</i>) 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 (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS Be sure to fill in name and address Telephone Number: (612) xxx-xxxx					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (<i>See Instructions</i>) Factual investigation for defense purposes.			14. TYPE OF SERVICE PROVIDER		
			01 <input checked="" type="checkbox"/> Investigator		
			02 <input type="checkbox"/> Interpreter/Translator		
			03 <input type="checkbox"/> Psychologist		
			04 <input type="checkbox"/> Psychiatrist		
			05 <input type="checkbox"/> Polygraph		
			06 <input type="checkbox"/> Documents Examiner		
			07 <input type="checkbox"/> Fingerprint Analyst		
			08 <input type="checkbox"/> Accountant		
			09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)		
			10 <input type="checkbox"/> Chemist/Toxicologist		
			11 <input type="checkbox"/> Ballistics		
			12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert		
			13 <input type="checkbox"/> Pathologist/Medical Examiner		
			14 <input type="checkbox"/> Other Medical		
			15 <input type="checkbox"/> Voice/Audio Analyst		
			16 <input type="checkbox"/> Hair/Fiber Expert		
			17 <input type="checkbox"/> Computer (Hardware/Software/Systems)		
			18 <input type="checkbox"/> Polygraph		
			19 <input type="checkbox"/> Paralegal Services		
			20 <input type="checkbox"/> Legal Analyst/Consultant		
			21 <input type="checkbox"/> Jury Consultant		
			22 <input type="checkbox"/> Mitigation Specialist		
			23 <input type="checkbox"/> Duplication Services (<i>See Instructions</i>)		
			24 <input type="checkbox"/> Other (<i>Specify</i>)		
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					
				FOR COURT USE ONLY	
16. SERVICES AND EXPENSES		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT	
a. Compensation (<i>Attach itemization of services with dates</i>)					
b. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)					
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 (<i>compensation or anything of value</i>) 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 (<i>excluding expenses</i>) 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 (<i>excluding expenses</i>) 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 _____					

