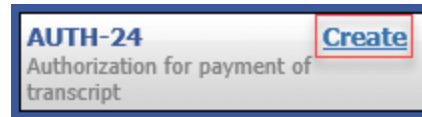


# Creating an Authorization for Transcripts (AUTH-24)

## Step 1

On the Appointment page, in the Create New Voucher section, click the **Create** link next to AUTH-24.



## Step 2

On the Basic Info page, enter the details for the required transcript. Click **Save**.

Basic Info Documents Confirmation

### Basic Info

1. CIR./DIST/DIV.CODE 0101	2. PERSON REPRESENTED Jebediah Branson	VOUCHER NUMBER	
3. MAG. DKT/DEF NUMBER	4. DIST. DKT/DEF NUMBER 1:14-CR-08805-1-AA	5. APPEALS. DKT/DEF NUMBER	6. OTHER. DKT/DEF NUMBER
7. IN CASE/MATTER OF (Case Name) USA v. Branson	8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Criminal Case
11. OFFENSE(S) CHARGED 15:1825 F INSPECTION VIOLATION PENALTIES			
12. ATTORNEY'S NAME AND MAILING ADDRESS Andrew Anders 110 Main Street San Antonio TX 78210 Phone: 210-833-5623 Cell phone: 210-555-1234 Email: <a href="mailto:lisa_ormelas@aotx.uscourts.gov">lisa_ormelas@aotx.uscourts.gov</a>		13. COURT ORDER <input type="checkbox"/> A Associate <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> D Federal Defender <input type="checkbox"/> F Subs for Federal Defender <input type="checkbox"/> L Learned Counsel (Capital Only) <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> R Subs for Retained Attorney <input type="checkbox"/> S Pro Se <input type="checkbox"/> T Retained Attorney <input type="checkbox"/> U Subs for Pro Se <input type="checkbox"/> X Administrative <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Name Appointment Date Signature of Presiding Judge or By Order of the Court Albert Albertson Date of Order 3/3/2014 Nunc Pro Tunc Date Repayment <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14. LAW FIRM NAME AND MAILING ADDRESS			

Proceeding Transcript To Be Used

Proceeding To Be Transcribed

Apportioned Cost (%)

Apportioned Case and Defendant

Special Transcript Handling

Transcripts

Prosecution Opening Statement     Prosecution Argument     Prosecution Rebuttal

Defense Opening Statement     Defense Argument     Jury Instructions     Voir Dire

« First    < Previous    Next >    Last »    **Save**    Delete Draft    Audit Assist

<b>Proceedings Transcripts to be Used</b>	List what the transcript is to be used for (e.g., sentencing, trial, appeal, etc.).
<b>Proceeding to be Transcribed</b>	Enter the following information: Type of Hearing. Date of hearing. Mag. Judge/Judge. Name of Court reporter/recorded hearing. If requesting a transcript for a different case, please include the case name and number.
<b>Apportioned Cost (%)</b>	Leave Blank.
<b>Apportioned Case and Defendant</b>	Leave Blank.
<b>Special Transcript Handling</b>	Select from drop-down menu.

**Step 3**

Click the **Documents** tab or click **Next** on the progress bar. To add an attachment, click **Browse** to locate your file, and then add a description of the attachment. Click **Upload**. The attachment and description are added to the voucher and appear in the Description column. Click **Save**.

Basic Info | **Documents** | Confirmation

### Supporting Documents

**File Upload (Only Pdf files of 10MB size or less!)**

File:

Description:

Description	Delete	View
Proposed Order.pdf	<a href="#">Delete</a>	<a href="#">View</a>

**Note:** All documents must be submitted in PDF format and must be 10MB or less.

**Step 4**

Click the **Confirmation** tab or click **Next** on the progress bar. In the **Public/Attorney Notes** field, you can include any notes to the court. Select the check box to swear and affirm to the accuracy of the authorization which is automatically time stamped. Click **Submit**.

Basic Info Documents **Confirmation**

### Confirmation

1. CLK DIST DIV CODE 0101	2. PERSON REPRESENTED Lebediah Branson	VOUCHER NUMBER	
3. MAG. DKT/DEF NUMBER	4. DIST. DKT/DEF NUMBER 1:14-CR-08805-1-AA	5. APPEALS. DKT/DEF NUMBER	6. OTHER. DKT/DEF NUMBER
7. IN CASE/MATTER OF (Case Name) USA v. Branson	8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Criminal Case
11. OFFENSE(S) CHARGED 15:1825.F INSPECTION VIOLATION PENALTIES			
REQUEST AND AUTHORIZATION FOR TRANSCRIPT			
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED			
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening			
14. SPECIAL AUTHORIZATIONS		JUDGE'S INITIALS	
A. Apportioned Cost % of transcript with			
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> 3-Day <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited			
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions			
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.			
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.		16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.	
Signature of Attorney Andrew Anders		Signature of Presiding Judge or By Order of the Court	
Date		Date of Order Nunc Pro Tunc Date	
Printed Name			
Telephone Number: 210-833-5623			

Attention: The notes you enter will be available to the next approval level.

Public/Attorney Notes

I swear and affirm the truth or correctness of the above statements  
Date: 4/20/2020 21:49:45

**Submit**

« First < Previous **Next >** Last » Save Delete Draft Audit Assist

## Step 5

A confirmation screen will appear indicating that the previous action was successful, and the authorization request has been submitted. Click the **Home Page** link to return to the home page. Click the **Appointment Page** link if you wish to create an additional document for this appointment.

### Success

This document has been submitted.

Please keep the following document number for your own records:

**0101.0000626**

Back to:

[Home Page](#)

[Appointment Page](#)