

Submitting an Authorization Request for Expert Services (AUTH)

Note: There is **NOT AN AUTOSAVE** function on this program. You must click **Save** periodically to save your work.

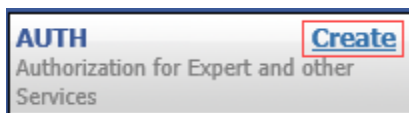
Step 1

In the Appointments List section, open the appointment record.

Appointments' List	
Appointments	Defendant
Case: 1:14-CR-08805-AA Defendant #: 1 Case Title: USA v. Branson Attorney: Andrew Anders	Defendant: Jebediah Branson Representation Type: Criminal Case Order Type: Appointing Counsel Order Date: 03/03/14 Pres. Judge: Albert Albertson Adm./Mag Judge:

Step 2

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



Step 3

Click **Create New Authorization**.

Authorization Type Selection

You can click the **Create New Authorization** button to create a new authorization request, or click the **Request Additional Funds** button to select from a list of approved authorizations that you would like to request additional funds for.

[Create New Authorization](#)

Use this button to create a new authorization.

[Request Additional Funds](#)

Use this button to select an approved authorization that you would like to request additional funds for.

Step 4

The Basic Info page will appear. Complete the information in the Master Authorization Information section at the bottom of the screen. This includes the following:

Field	Description
Estimate Amount	Amount you are requesting for your expert (Current limit is \$3000 - see Addendum C for current CJA Rates/Limits). If you are seeking additional funds, please enter the additional amount requested, not the total amount.
Basis of Estimate	Estimated number of hours and hourly rate (Spanish interpreters have set half-day and full-day rates).
Description of Services	Provide brief description of case, need for expert, and duties expert will perform. Include estimated number of hours and hourly rate. Note: if your description is lengthy, please attach note or memorandum with your description of services. If you are requesting funds that exceed the current statutory limit, a memorandum is required to be attached. (Form Memorandum attached as Addendum D).
Service Type	Drop-down list of expert types.
Notes	Name of expert.

In the corresponding fields, enter the estimated amount and basis of estimate, select the service type, enter any notes (name of expert), and then click **Save**.

Basic Info Documents Confirmation

Basic Info

1. CJC DISTRICT CODE 2101	2. PERSON REPRESENTED Johndale Branson	3. COUCHER NUMBER
4. MAG. DAY/DEF NUMBER 1:14-CR-00805-1-JA	5. APPEALS DAY/DEF NUMBER	6. OTHER DAY/DEF NUMBER
7. IN CASE MATTER OFFICE NAME USA v. Branson	8. PATIENT CATEGORY Felony (including pre-trial diversion of alleged felony)	9. TYPE PERSON REPRESENTED Adult Defendant
10. OFFENSE(S) CHARGED 15-1825 F INSPECTION VIOLATION PENALTIES	11. COURT ORDER <input type="checkbox"/> A Associate <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> D Federal Defender <input type="checkbox"/> L Learned Counsel <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> P Salts for Panel Attorney <input type="checkbox"/> S Pro Se <input type="checkbox"/> T Retained Attorney <input type="checkbox"/> U Salts for Pro Se <input type="checkbox"/> X Administrative <input type="checkbox"/> Y Standby Counsel	12. REPRESENTATION TYPE Criminal Case
13. 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: liaj_omelas@actx.uscourts.gov	14. LAW FIRM NAME AND MAILING ADDRESS	15. PRIOR ATTORNEY'S NAME Appointment Date: Signature of Presiding Judge or By Order of the Court: Albert Albornoz Date of Order: 2/9/2014 Nunc Pro Tunc Date: Repayment: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Master Authorization Information

Order Date:

Nunc Pro Tunc Date:

Repayment: ☐

Estimated Amount: \$

Authorized Amount: \$

Basis of Estimate:

Description:

Service Type:

Requested Provider:

« First < Previous Next > Last » Save Delete Draft

Step 5

Click the **Documents** tab or click **Next** on the progress bar. To add an attachment, click **Choose File** to locate your file, and then add a description of the attachment. Click **Upload**. The attachment and description is added to the voucher and appears at the bottom of the Description column.

Basic Info Documents Confirmation

Supporting Documents

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

File C:\Users\JaimeLongoria\ Browse...

Description Document

Upload

Description	Delete	View
Document	Delete	View

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

Note: All documents must be submitted in PDF format and must be under 10MB.

Step 6

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. CR. DIST. DIV. CODE 2101	1. PERSON REPRESENTED Jabediah Branson	VOUCHER NUMBER	
2. MAG. DIST. DIV. NUMBER	4. DIST. DIV. DIV. NUMBER 1-14-CR-08805-1-AA	5. APPEALS DIST. DIV. NUMBER	6. OTHER DIST. DIV. 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 STATEMENT
As the Attorney for the person represented above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:
☐ Authorization to obtain the service. Estimated compensation: \$
☐ Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation.

Signature of Attorney
 Andrew Anders
 110 Main Street
 San Antonio, TX 78210
 Phone: 210-833-5623
 Cell phone: 210-555-1234
 Email: isa_coxley@wtk.uscourts.gov

13. DESCRIPTION AND JUSTIFICATION FOR SERVICE(S) (see instructions)	14. TYPE OF SERVICE PROVIDED
<input type="checkbox"/> 01 Investigator <input type="checkbox"/> 02 Interpreter/Translator <input type="checkbox"/> 03 Psychologist <input type="checkbox"/> 04 Psychiatrist <input type="checkbox"/> 05 Polygraph <input type="checkbox"/> 06 Document Examiner <input type="checkbox"/> 07 Fingerprint Analyst <input type="checkbox"/> 08 Accountant <input type="checkbox"/> 09 CALR (Veritas/Lexis, etc.) <input type="checkbox"/> 10 Chemist/Toxicologist <input type="checkbox"/> 11 Ballistics <input type="checkbox"/> 12 Weapons/Trauma/Explosive Expert <input type="checkbox"/> 13 Pathologist/Medical Examiner <input type="checkbox"/> 14 Other Medical <input type="checkbox"/> 15 Voice/Audio Analyst <input type="checkbox"/> 16 Hair/Fiber Expert <input type="checkbox"/> 17 Computer (Hardware/Software/Systems) <input type="checkbox"/> 18 Computer <input type="checkbox"/> 19 Paralegal Services <input type="checkbox"/> 20 Legal Analyst/Consultant <input type="checkbox"/> 21 Jury Consultant <input type="checkbox"/> 22 Mitigation Specialist <input type="checkbox"/> 23 Duplication Services <input type="checkbox"/> 24 Other (Specify) <input type="checkbox"/> 25 Litigation Support Services <input type="checkbox"/> 26 Computer Forensics Expert	

15. COURT ORDER
 Financial eligibility of the person represented having been established by the court's satisfaction, the authorization requested in item 12 is hereby granted.
 Signature of Presiding Judge or By Order of the Court
 Albert Albertson
 Date of Order _____ Nunc Pro Tunc Date _____
 Repealment ☐ YES ☐ NO

NOTES

Signature of Presiding Judge	Date Signed	Judge Code	Approved Amount	Total Approved Amount
Signature of Chief Judge, Court of Appeals (or Delegate)	Date Signed	Judge Code	Approved Amount	

Public/Attorney Notes

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

☐ I swear and affirm the truth or correctness of the above statements

Date: _____

Submit

< First
 < Previous
 Next >
 Last >
 Save
 Delete Draft
 Audit Assist

Step 7

A confirmation screen will appear indicating 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.

