

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: **Z** \_\_\_\_\_ 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 \$500, 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"/> 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"/> Paralegal Services 19 <input type="checkbox"/> Legal Analyst/Consultant 20 <input type="checkbox"/> Jury Consultant 21 <input type="checkbox"/> Mitigation Specialist 22 <input type="checkbox"/> Duplication Services 23 <input type="checkbox"/> Other ( <i>Specify</i> ) 24 <input type="checkbox"/>

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			
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>			

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 \$500, 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 \$500.			
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			