

AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

1. JURISDICTION 1 <input type="checkbox"/> MAGISTRATE 2 <input checked="" type="checkbox"/> DISTRICT 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER _____		2. MAG. DOCKET NO.	VOUCHER NO. 0117830	
3. DISTRICT DOCKET NO. 3:96CR0000-P	4. APPEALS DOCKET NO.	5. FOR (DISTRICT/CIRCUIT) NDTX	6. LOC. CODE TXNDA	7. CASE CODE 67
*A. CHARGE/OFFENSE (U.S. or other code citation) 21 USC 846		8. IN THE CASE OF UNITED STATES vs. JOHN JONES SMITH		
9. PERSON REPRESENTED (FULL NAME) JOHN JONES SMITH		11. PROCEEDINGS FOR WHICH SERVICES ARE REQUESTED (DESCRIBE BRIEFLY) All further proceedings including any appeal.		
10. PERSON REPRESENTED (STATUS) 1 <input checked="" type="checkbox"/> DEFENDANT - ADULT 3 <input type="checkbox"/> APPELLANT 5 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT - JUVENILE 4 <input type="checkbox"/> APPELLEE _____		13. SERVICES TO BE PROVIDED BY (Name, organization, address, area code, telephone no.) Jane Doe (214)555-0000 9876 Investigator Lane Dallas, TX 75000		
12. TYPE OF SERVICES REQUESTED 1 <input checked="" type="checkbox"/> INVESTIGATOR 5 <input type="checkbox"/> POLYGRAPH 9 <input type="checkbox"/> CALR 2 <input type="checkbox"/> INTERPRETER 6 <input type="checkbox"/> DOCUMENTS 10 <input type="checkbox"/> CHEMIST 3 <input type="checkbox"/> PSYCHOLOGIST 7 <input type="checkbox"/> FINGERPRINT 11 <input type="checkbox"/> BALLISTICS 4 <input type="checkbox"/> PSYCHIATRIST 8 <input type="checkbox"/> ACCOUNTANT 12 <input type="checkbox"/> OTHER _____		14. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES. Use additional sheets if necessary. (If requesting psychiatrist or psychologist see instructions for item 14.)		
15. 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 type="checkbox"/> Authorization to obtain the service or <input checked="" 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) SIGNATURE OF ATTORNEY _____ DATE 1/16/96 TELEPHONE NO. _____ 1 <input type="checkbox"/> FPD 2 <input checked="" type="checkbox"/> PANEL ATTORNEY 3 <input type="checkbox"/> RETAINED ATTY. 4 <input type="checkbox"/> PRO-SE		16. ESTIMATED COMPENSATION (Describe basis, i.e. hourly or daily rate or fixed fee) \$ _____		
		17. 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 PRESIDING JUDICIAL OFFICER _____ DATE _____		

CLAIM FOR SERVICE

18. ITEMIZATION OF SERVICES RENDERED AND EXPENSES INCURRED (Include dates and duration of services and basis of compensation claimed. Attach receipts for expenses incurred. Use additional sheets if necessary.) SEE ATTACHED INVOICE	A. TOTAL COMPENSATION \$ 2,225.00
	B. TOTAL EXPENSES \$ 33.00
	C. TOTAL AMOUNT CLAIMED \$2,258.00

19. CLAIMANT'S CERTIFICATION FOR PERIOD 12/12/96 TO 6/17/96 F <input checked="" type="checkbox"/> FINAL PAYMENT I <input type="checkbox"/> INTERIM PAYMENT NO. _____ I hereby certify that the above claim is correct and that I have NOT claimed or received payment from any other source for the services rendered and claimed on this voucher. SIGNATURE OF CLAIMANT _____ DATE _____	20. CERTIFICATION OF ATTORNEY I hereby certify that these services were rendered. ATTORNEY'S SIGNATURE _____ DATE _____
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APPROVED FOR PAYMENT

21(a). Either the cost of these services does not exceed \$300, or prior authorization was obtained. SIGNATURE OF PRESIDING JUDICIAL OFFICER _____ DATE _____ JUDGE/MAG. CODE _____	22. AMOUNT APPROVED/CERT. A. COMPENSATION \$ _____ B. EXPENSES \$ _____ C. TOTAL AMOUNT APPROVED/CERTIFIED \$ _____
21(b). 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 exceeds \$300. SIGNATURE OF PRESIDING JUDICIAL OFFICER _____ DATE _____ JUDGE/MAG. CODE _____	
21(c). Services procured in accordance with Federal public defender general budget authority. SIGNATURE OF FEDERAL PUBLIC DEFENDER _____ DATE _____	
23. Excess payment approved under 18 U.S.C. 3006A(e)(3) SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE) _____ DATE _____	24. TOTAL APPROVED \$ _____

25. NAME OF PAYEE Jane Doe	26. PAYEE'S ADDRESS (Include city, state & zip code) 9876 Investigator Lane, Dallas	ATTACHMENT VIII - 3 Sample CJA Form 21 w/ Worksheets
27. PAYEE'S SOC. SEC. NO. OR EMPLOYER ID NO. 123-45-6789	28. ATTORNEY'S NAME AND ADDRESS (Include city, state & zip code) Jason Miller, 1234 Attorney La	

Jane Doe
Private Investigations

DATE: 09/12/96
CLIENT: JASON MILLER
CASE: JOHN JONES SMITH

12/12/95	Interview w/ defendant	3.25
1/10/96	To witness residence; witness interview	1.75
1/11/96	Interview w/ prosecutor and defendant; conference w/ judge; telecon interview; conference w/ client	1.25
1/12/96	Conference w/ prosecutor; interview w/ defendant; travel to scene	4.75
1/17/96	To courthouse; research co-defendants and attorney	1.75
1/17/96	Telecon research	.25
1/18/96	Witness interviews	1.25
1/19/96	Interview w/ defendant; conference w/ prosecutor	6.00
1/23/96	Telecon research	.25
1/26/96	Interview w/ defendant; conference w/ prosecutor; review of tapes and discovery	7.00
2/7/96	Interview w/ defendant at Mansfield	3.75
2/15/96	Conference w/ prosecutor, defendant, and officers	2.50
2/21/96	Interview w/ defendant; conference w/ prosecutor	2.00
2/22/96	Court appearance; conference w/ probation officer; interview w/ defendant	2.00

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DATE: 09/12/96
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2/27/96 To Mansfield; interview w/ defendant and probation officer 3.50

6/17/96 Interview w/ defendant at Mansfield 3.25

EXPENSES

1/11/96 Parking 3.00

1/12/96 Parking 6.00

1/17/96 Parking 3.00

1/19/96 Parking 6.00

1/26/96 Parking 6.00

2/15/96 Parking 3.00

2/21/96 Parking 3.00

2/22/96 Parking 3.00

TOTAL HOURS 44.50 @ \$50.00/hr \$2,225.00

TOTAL EXPENSES \$33.00

TOTAL AMOUNT OF INVOICE \$2,258.00