

# UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF FLORIDA  
OFFICE OF THE CLERK

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## INFORMATION SHEET FOR ALL COUNSEL APPOINTED UNDER THE CRIMINAL JUSTICE ACT TO REPRESENT INDIGENT DEFENDANTS

Enclosed please find a CJA 20 form which is the order appointing you to represent a defendant pursuant to Title 18, U.S.C., Section 3006A and a CJA 24 form. Your CJA 20 claim for compensation must be submitted within forty-five (45) days after final disposition of this case in the District court. **Note:** Both the CJA 20 and CJA 24 are court generated forms with all of the pertinent case information already inserted. These forms must be used for payment in this case only. If you need more than one CJA 24 you may copy this form for that purpose.

The following information is covered by the Criminal Justice Act (CJA), Title 18, U.S.C., Section 3006A and should assist you in the completion of the CJA 20 form.

### 1. LIMITATIONS

- A. **Hourly Rates** The hourly panel attorney rate of \$125 applies to in-court and out-of-court work performed on or after January 1, 2010. Please see Appendix 1 for rates in effect which would apply to work prior to this date. Travel time is reimbursable only if the round trip exceeds one hour. **Time must be reported in 1/10 hours only.**
- B. **Maximum Compensation** Compensation (exclusive of allowable expenses) is limited as follows:
- (1) **Felonies:** \$9,700 for trial court level  
\$6,900 for appeal
  - (2) **Misdemeanors:** \$2,800 for trial court level  
\$6,900 for appeal
  - (3) **18 U.S.C. § 4106A** (commonly referred to as an International Parole proceeding):  
\$2,100 for trial court level  
\$6,900 for appeal

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Gainesville Division  
401 SE 1<sup>st</sup> Avenue  
Gainesville, Florida 32601  
352.380.2400  
352.380.2424 FAX

Pensacola Division  
1 N. Palafox Street  
Pensacola, Florida 32502-5658  
850.435.8440  
850.433.5972 FAX

Tallahassee Division  
111 N. Adams Street  
Tallahassee, Florida 32301-7717  
850.521.3501  
850.521.3656 FAX

Panama City Division  
30 W. Government Street  
Panama City, Florida 32401  
850.769.4556  
850.769.7528 FAX

- (4) **Other representations** (i.e., probation violation, supervised release hearings, parole proceedings, material witness in custody, contempt, and grand jury witness):
  - \$2,100 for trial court level
  - \$2,100 for appeal
- (5) **Non-capital habeas** (i.e., 28:2241, 2254, 2255, and non-death penalty cases):
  - \$9,700 for trial court level
  - \$6,900 for appeal

- C. **Compensation of Co-Counsel** Unless appointed in accordance with paragraphs 2.11B or 6.01A, co-counsel or associate attorneys may not be compensated under the Act. However, an appointed counsel may claim compensation for services furnished by a partner or associate or, with prior authorization by the court, counsel who is not a partner or associate, within the maximum compensation allowed by the Act, separately identifying the provider of each service.
- D. **Claims in Excess** Claims in excess of maximum amounts must be accompanied by a detailed memorandum, supporting and justifying that the representation given was in an extended or complex case and that excess payment is necessary to provide fair compensation.

2. **REIMBURSABLE OUT-OF-POCKET EXPENSES**

- A. **Transcripts** Court authorized transcripts may be claimed as a reimbursable expense; however, requests for and reimbursement of transcripts authorized by the Court must be submitted on a CJA 24 form. A CJA 24 form is attached.
- B. (1) **Travel Limitations** Appointed counsel may attend without prior authorization any scheduled court proceeding upon notice of such proceeding. Any travel requiring an overnight stay must be approved by the Court **prior to travel**.
- (2) **Travel Expenses** Travel by privately owned automobiles should be claimed at \$0.555 per mile effective April 17, 2012, plus parking fees, ferry fees, etc. For mileage rates prior to April 17, 2012, please see Appendix 1. Per diem in lieu of subsistence is not authorized; therefore, expenses for meals and lodging incurred represent out-of-pocket expenses and are subject to the limitations placed upon federal judicial employees not to exceed a daily rate as follows. These rates were effective October 1, 2011. For maximum allowable rates prior to October 1, 2011, please see Appendix 1.

Gainesville	\$141.00
Pensacola	\$148.00
Tallahassee	\$131.00
Panama City dependent on time of year	- \$130.00 - \$154.00

Expenses for travel on the last day and where no overnight stay is required are limited to the following:

Gainesville	\$51.00
Pensacola	\$46.00
Tallahassee	\$46.00
Panama City	\$51.00

- C. **Supporting Documentation** All travel expenses must be supported by documentation. Furthermore, all miscellaneous expenses which exceed \$50 must be supported by documentation (receipts, canceled checks, etc.).
- D. **Record Keeping of Contemporaneous Time Records** Appointed counsel must maintain expense records and contemporaneous time and attendance records for all work performed, including work performed by associates, partners, and support staff. Such records, which may be subject to audit, must be retained for three years after approval of the final voucher for an appointment.
- E. **Computer Assisted Legal Research** The cost of computer assisted legal research equipment used by appointed counsel may be allowed as a reimbursable out-of-pocket expense, provided that the total amount approved for computer assisted legal research does not exceed the total amount of attorney compensation that reasonably would have been approved if counsel had performed the research manually. Whenever appointed counsel incurs charges for computer assisted legal research, the following should be attached to the compensation voucher:
- (1) a brief statement setting forth the issue or issues that were the subject matter of the research;
  - (2) an estimate of the number of hours of attorney time that would have been required to do the research manually; and
  - (3) a copy of the bill and receipt for the use of the equipment or an explanation of the precise basis of the charge (e.g., indicating the extent to which it was derived by proration of monthly charges, or by charges identifiable to the specific research).

### 3. INVESTIGATIVE, EXPERT, OTHER SERVICES

- A. **Request** Request for such services may be made *ex parte* and heard *in camera* unless consented to otherwise by the defendant. Requests should be submitted on a CJA 21 form. To acquire CJA 21 forms counsel must file a motion and proposed order with the court in advance of the service.
- B. **Interpreter Services** Requests for interpreter services should be approved by the court on a CJA 21 form prior to contacting and engaging the services of an interpreter.

- C. **Limitations** With **prior approval**, \$2,400; without prior approval, \$800.
- D. **Excess Compensation** Claims in excess of \$2,400 may be approved for request for services authorized **prior** to the performance of such service. Advance approval should be obtained from the Court and the Chief Judge of the Circuit.

#### 4. **WITNESS SUBPOENAS**

**Request** Witness subpoenas for indigent defendants are governed by **Rule 17(b)**, Federal Rules of Criminal Procedure. This rule should be reviewed and motions filed well in advance of hearings and/or trial.

#### 5. **PUBLIC DISCLOSURE OF CJA ATTORNEY PAYMENT INFORMATION**

Please see the Fiscal Year 1998 Judiciary Appropriations Act, Public Law 105-119 which amended the provision of the Criminal Justice Act (CJA), 18 U.S.C. 3006A as it pertains to public disclosure of CJA attorney payment information.

Please call the Judge's courtroom deputy in the Clerk's Office regarding any questions you may have about your appointment.

#### Attachments

Worksheet Instructions

Worksheet Forms

General CJA 20 Instructions & CJA 20 Appointment Form

General CJA 24 Instructions & CJA 24 Transcript Order Form

(Revised May 21, 2012)

# APPENDIX 1

## MAXIMUM HOURLY RATES

<u>Effective Date</u>	<u>In-Court Rate</u>	<u>Out-of-Court Rate</u>
1/1/2010	\$125	\$125
3/11/2009	\$110	\$110
1/1/2008	\$100	\$100
5/20/2007	\$94	\$94
1/1/2006	\$92	\$92
12/8/2004	Increase of maximum allowable compensation limits without Circuit approval	
5/1/2002	\$90	\$90
4/1/2001	\$75	\$55
11/12/2000	Increase of maximum allowable compensation limits without Circuit approval	
1/1/2000	\$70	\$50
1/1/1996	\$65	\$45

## MILEAGE RATES

<u>Effective Date</u>	<u>Rates per Mile</u>
1/1/2013	56.5¢
4/17/2012	55.5¢
1/1/2011	51¢
1/1/2010	50¢
2/1/2009	55¢
8/1/2008	58.5¢
3/19/2008	50.5¢
2/1/2007	48.5¢
1/1/2006	44.5¢
9/1/2005	48.5¢
2/4/2005	40.5¢
1/1/2004	37.5¢
1/1/2003	36¢
1/21/2002	36.5¢
1/22/2001	34.5¢
1/14/2000	32.5¢

### TRAVEL EXPENSE MAXIMUMS

Gainesville	\$141.00
Pensacola	\$148.00
Tallahassee	\$131.00
Panama City	\$130.00 (1/1 through 2/28)
	\$154.00 (3/1 through 7/31)
	\$130.00 (8/1 through 12/31)







## INSTRUCTIONS FOR IN-COURT and OUT-OF-COURT HOURLY WORKSHEET (Rev. 12/2005)

These worksheets were devised to standardize the itemization and documentation of hourly totals for in-court and out-of-court services performed by court-appointed counsel in the defense of a client under the Criminal Justice Act (CJA). Each attorney should provide the following on each worksheet:

1. The case number and defendant name pertaining to the claim
2. For each in-court and out-of-court service rendered provide the following:
  - a. the date the service was performed
  - b. a brief description of the service performed
  - c. the time spent performing the service

The time spent performing the services must be reported in 1/10 hours, using percentages; i.e., .2, .5, etc. In addition, the time reported will be listed under the appropriate in-court and out-of-court service categories; i.e., arraignment and/or plea, motions and requests, bail hearings, etc.

Once all in-court and out-of-court services have been documented, the hours column pertaining to each service category will be totaled. If more than one page is required they should be numbered as follows: page 1 of 3, page 2 of 3, etc., and a page total should be provided on each page. A grand total of all page totals should be provided on the final page. The grand total hours for each service category will then be transferred to items 15 (in-court) and 16 (out-of-court) of the CJA 20 in the box under column entitled "Hours Claimed." The in-court and out-of-court compensation should then be calculated, multiplying the applicable rate per hour by the total hours, and that figure placed in the "Total Amount Claimed" column.

Once all necessary information has been completed and transferred to the CJA 20, the in-court and out-of-court hourly worksheets must be attached to the CJA 20.

## INSTRUCTIONS FOR OTHER EXPENSE WORKSHEET

This worksheet was devised to standardize the itemization of other reimbursable expenses incurred by court-appointed counsel in the defense of a client under the Criminal Justice Act (CJA). Each attorney should provide the following on the worksheet:

1. The case number and CJA 20 defendant name pertaining to the claim
2. For each item of other expense incurred provide the following:
  - a. the date incurred
  - b. a brief explanation of the expense
  - c. the amount of expense incurred

Attach supporting documentation; i.e., receipts, canceled checks and invoices for all expenses in excess of \$50.00. Such expense items as mileage and copying should show the total miles and pages, respectively, multiplied by the applicable rate to arrive at the expense incurred. The expense incurred should then be listed under the appropriate other expense category; i.e., mileage, parking, meals, etc.

Once all other expenses have been itemized, total each column, listing the total amount. Transfer and list other expense categories and their applicable totals, using the spaces provided on items 17 and 18 of the CJA 20 in the box under column entitled "Total Amount Claimed." The other expense worksheet, along with any supporting documentation, must be attached to the CJA 20.



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Form CJA 20

### Introduction:

The data elements being requested on this form are explained in the instructions. If you have questions concerning the CJA Forms and the instructions, contact the Duty Day Attorney in the Office of Defender Services at 202-502-3030.

### General Instructions:

#### APPOINTMENT AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL

Read these instructions carefully before completing the form. Accuracy and thoroughness will aid in the prompt payment of the claim. If possible, use a typewriter to complete the form; otherwise, write legibly with a ball point pen (preferably black or dark blue ink). If the form is system generated, Items 1 through 12 and 14 will be preprinted on the form. Attach an itemized statement of the services provided and expenses incurred. Give the date and the number of hours claimed for each service provided. Provide dates for and a description of the expenses incurred. For additional guidance, see the *Guidelines for the Administration of the Criminal Justice Act and Related Statutes (CJA Guidelines)*, Volume VII, *Guide to Judiciary Policies and Procedures*, which is available for reference in the Clerk's office.

Appointed counsel may obtain investigative, expert, and other services necessary for adequate representation in accordance with the procedures set forth in subsection(e) of the Criminal Justice Act (CJA), 18 U.S.C. §3006A. Prior authorization from the presiding judicial officer is required for all such services where the cost, excluding expenses, will exceed \$500. Failure to obtain prior authorization will result in the disallowance of any amount claimed for compensation in excess of \$500, unless the presiding judicial officer, in the interest of justice, finds that timely procurement of necessary services could not await prior authorization. Payment for these services should be claimed directly by the service provider on a CJA Form 21, "Authorization and Voucher for Expert and Other Services."

**Vouchers shall be submitted no later than 45 days after the final disposition of the case, unless good cause is shown (paragraph 2.21A, *CJA Guidelines*). All payments made pursuant to this claim are subject to post-audit; contemporaneous time and attendance records as well as expense records must be maintained for three years after approval of the final voucher (paragraph 2.31, *CJA Guidelines*). Any overpayments are subject to collection, including deduction of amounts due from future vouchers**

**Item 1. CIR./DIST./DIV. CODE:** This four-character location code is the circuit or district, and divisional office codes of the court where the proceedings for the person represented are held.

**Item 2. PERSON REPRESENTED:** Give the full name of the person whom you were appointed to represent.

**Items 3-6. DOCKET NUMBERS:** Provide the case file or miscellaneous number assigned by the court. Enter the number using the last two digits of the calendar year (YY), the sequential number assigned by the court (NNNNNN), and the defendant number (DDD) as shown on the indictment or charging document. Thus, the format of the docket number is YY-NNNNNN-DDD. **Note:** If two or more cases are heard or tried together for the person represented, complete a separate voucher for each case in which representation is provided (i.e., for each docket number listed). Prorate the total time among the cases. On supporting documentation, cross reference all related claims for which costs are prorated.

**Item 7. IN CASE/MATTER OF (CASE NAME):** In criminal cases, enter *U.S. vs. Defendant's Name*. If it is a multiple defendant case, give the case cite as provided on the indictment or information (e.g., *U. S. vs. Lead Defendant's Name, et al*). If the person represented is not a defendant (e.g., material witness), enter the first named defendant in the court's recording of the case. If this is a civil case (e.g., habeas corpus), enter the *Name of the Petitioner vs. the Name of the Respondent* and include the respondent's

title. If other than a civil or criminal case (i.e., miscellaneous matters), enter "*In the Matter of*" followed by the *Name of the Person Represented*.

**Item 8. PAYMENT CATEGORY:** Check the appropriate box that establishes the statutory threshold for representation in this case type. If "Other" payment category is checked, specify the category within the scope of the CJA. See paragraph 2.22 B(2) of the *CJA Guidelines*.

**Item 9. TYPE PERSON REPRESENTED:** Check the box that defines the legal status of the person represented.

**Item 10. REPRESENTATION TYPE:** From the list below, select the code that describes the type of representation:

CC A defendant charged in a criminal case with an offense(s) that is a felony, misdemeanor, or petty offense under the United States Code, or an assimilated crime under a state code including ancillary matters.

NT A new trial either directed from the court of appeals on remand or as a result of a mistrial

MA Motion attacking a sentence (28 U.S.C. § 2255)

MC Motion to correct or reduce sentence (Fed. R. Crim. P. 35)

HC Habeas corpus, non-capital (28 U.S.C. § 2254)

BP Bail Presentment

WI Material Witness (in custody)

WW Witnesses (Grand Jury, a Court, the Congress, a Federal Agency, etc.)

PR Probation Revocation

PA Parole Revocation

SR Supervised Release Hearing

EW Extraordinary Writs ( Prohibition, Mandamus)

CH Mental Competency Hearings (see Chapter 313 of Title 18 U.S. Code)

PT Pretrial Diversion

EX Extradition Cases (Foreign)

OT Other types (e.g., line ups, consultations, prisoner transfer, etc.)

TD Appeal of a Trial Disposition

CA Other Types of Appeals

AP Appeal From Magistrate's Decision

CF Civil Asset Forfeiture

AF Appeal of Civil Asset Forfeiture

**FOR DEATH PENALTY CASES, USE THE CJA FORM 30 AND APPLICABLE TYPE OF REPRESENTATION CODES**

**Item 11. OFFENSE(S) CHARGED:** Cite the U.S. Code, with title and section, or other code citation of the offense or offenses (list up to five) with which the person represented is charged. If other than a federal code is cited, state the statutory maximum period of confinement authorized for the offense. If a civil matter, such as a habeas corpus representation or a motion attacking sentence, cite 28 U.S.C. § 2254 or 28 U.S.C. § 2255, respectively. For direct appeals from a case disposition, cite the major offense (U.S. Code, title and section) for which the defendant was convicted.

**Items 12/14 ATTORNEY'S NAME AND MAILING ADDRESS and NAME AND MAILING ADDRESS OF LAW FIRM:** Complete Item 12 with the legal name and address of the attorney appointed to represent the person whose name is shown in Item 2. If prior to your appointment for representation, you had a pre-existing agreement with a law firm or corporation, including a professional corporation, indicating that CJA earnings belong to the law firm or corporation, rather than to the court-appointed attorney/payee, provide the name and mailing address of that law firm or corporation in Item 14. This information will allow earnings to be reported to the Internal Revenue Service (IRS) on a 1099 Statement as earnings of the law firm or corporation and not as the earnings of the attorney appointed. (*Note: Information about a pre-existing agreement, including the Taxpayer Identification Number (TIN) of the law firm or corporation, should be provided to the court staff when the attorney is admitted to the panel or at initial appointment to a case.*)

**Item 13. COURT ORDER:** Check the box that describes the type of counsel appointed. If appointed as a substitute counsel, give the name of the previous counsel and the appointment date. If appointed as a "Standby Counsel," check "Other" and attach a court order establishing this type of appointment in accordance with paragraph 2.17 of

the *CJA Guidelines*. Also check "Other" if counsel is appointed pursuant to 28 U.S.C. § 1875(d)(1) to protect a juror's employment rights, and attach the court order appointing counsel for this purpose. The remaining portion of this item will be completed by the clerk of court or other court-designated person. The presiding judicial officer or clerk of court must sign and date this court order to validate the appointment. If services were provided prior to court appointment, the presiding judicial officer may wish to ratify the previous service by indicating a "nunc pro tunc" date that covers the services prior to appointment. No other court order is necessary. Indicate whether the court orders full or partial repayment of the cost for representation from the person represented at the time of appointment by checking "Yes" or "No."

**Item 15. IN-COURT SERVICES:** Enter the total number of hours claimed (in hours and tenths of an hour) for each applicable in-court service category. To support the totals entered in each category, attach to the voucher an itemization of services, by date, and indicate the number of hours for each service. Enter the total in-court hours where required on the form, and multiply the total number of in-court hours claimed by the hourly rate in effect for the place of holding court in which the representation is provided or the attorney maintains his or her principal office. If the case is an appeal to the court of appeals, enter the higher of the rates per hour in effect for the place of holding court in which the attorney maintains his or her principal office or the place of holding court out of which the case arose. Enter the total amount claimed in the appropriate box on the form.

**Item 16. OUT-OF-COURT SERVICES:** Complete according to the instructions above for in-court time, using the applicable out-of-court hourly rate of compensation.

**NOTE:** The "**FOR COURT USE ONLY**" column will reflect any mathematical or technical adjustments to the claim during the judicial approval process or changes during a required additional review of the chief judge of the court of appeals (or delegate).

**Item 17. TRAVEL EXPENSES:** Travel related expenses that are incidental to the representation (e.g., transportation, lodging, meals, car rental, parking, bridge, road and tunnel tolls, etc.) must be itemized on a separate sheet, indicating dates the expense was incurred. Attach supporting documentation (receipts, canceled checks, etc.) for all travel expenses. Travel expenses by privately owned automobile, motorcycle, or aircraft should be claimed at the rate in effect for federal employees at the time of travel. For overnight travel, reasonable expenses for lodging and meals will be reimbursed on an actual expense basis; per diem is not allowed. Counsel should be guided by prevailing limitations for travel and subsistence expenses of federal employees. The clerk of court can advise you of applicable rates and federal government travel regulations.

**Item 18. OTHER EXPENSES:** Itemize all reimbursable out-of-pocket expenses incidental to representation. Provide dates and a brief description of the expense. Enter the total claimed where required on the form. Submit supporting documentation (receipts, canceled checks, etc.) for single item expenses in excess of \$50. Reimbursable expenses may include, in some circumstances, payments to law students or law clerks for legal research and assistance and the cost of computer assisted legal research (CALR) when conducted by counsel. See paragraphs 2.27 B and 3.15 of the *CJA Guidelines* for an explanation. The following are not reimbursable expenses, and should not be claimed:

1. General office overhead, such as rent, telephone services, and secretarial services.
2. Expenses for items of a personal nature for the client (e.g., clothes, haircuts).
3. The cost of printing briefs. However, the cost of photocopying or similar copying service is reimbursable.
4. Fact witness fees, witness travel costs, and expenses for service of subpoenas. These expenses are not paid out of the CJA appropriation, but instead are paid by the Department of Justice pursuant to Fed. R. Crim. P. 17, and 28 U.S.C. § 1825. Contact the United States Marshal for payment procedures. See paragraph 3.13 of the *CJA Guidelines* for guidance on payment of witness fees generally.
5. Filing fees. These fees are waived for persons proceeding under the CJA.

6. The cost of allowable investigative, expert, or other services. (See Chapter III of the *CJA Guidelines*). Such services should be requested using a CJA Form 21.

7. Compensation taxes. Taxes paid on attorney compensation, whether based on income, sales or gross receipts are not reimbursable expenses.

**Totals. Enter the Grand Totals where required by adding "in-court" and "out-of-court" totals, "travel" and "other expenses."**

**Item 19. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD OF SERVICE:** The person appointed by the court must certify dates of service for the representation. Indicate, where required, the date range for the services claimed on the voucher.

**Item 20. APPOINTMENT TERMINATION DATE, IF OTHER THAN CASE COMPLETION:** If the appointment is discontinued by order of the court (i.e., substitute counsel or reasons other than disposition of the defendant's case, such as fugitive defendant, appointment of federal defender, or retention of counsel by a defendant), give the effective date for termination of appointment.

**Item 21. CASE DISPOSITION:** Indicate case disposition for the person represented (e.g., dismissed, convicted/final plea guilty, probation revoked, other, etc.). Select a code from the table below.

	Type of Disposition	Code
District Court Criminal and Other Proceedings	Dismissed	1
	Acquitted by court, or government motion for judgment of acquittal granted	2
	Acquitted by jury	3
	Convicted/final plea guilty	4
	Convicted/final plea nolo	5
	Convicted/court trial	8
	Convicted/jury trial	9
	Mistrial	C
	Not Guilty/insane/court trial	E
	Guilty/insane/court trial	F
	Not guilty/insane/jury trial	G
	Guilty/insane/jury trial	H
	Other (PTD matters, other reps. Transfers)	X
Appeals	Affirmed	A
	Reversed	R
	Remanded	O
	Reversed in Part/Affirmed in Part	RA
	Affirmed in Part/Reversed in Part	AR
	Dismissed	1
Probation/Parole/ Supervised Release	Revoked	RV
	Restored	RS
Habeas/Petitions/Writs	Granted	GR
	Denied	DE

**Item 22. CLAIM STATUS:** Indicate, by checking the appropriate box, whether the voucher is (1) the final payment for the services, (2) an interim payment, or (3) a supplemental payment (an additional claim submitted after a final payment is made). If an interim payment, indicate the interim payment number. Complete the remaining portion of Item 22, and sign and date the affirmation statement before submitting the claim for court approval.

**Items 23-28a.** **APPROVED FOR PAYMENT:** The presiding judicial officer will indicate the amount approved for payment in each category (Items 23 - 26). These amounts will reflect any mathematical and technical adjustments to your claim. The "**TOTAL AMOUNT APPROVED/CERTIFIED**" for payment equals the amount approved in the major categories, less any amounts withheld for an interim payment.

**SIGNATURE OF THE PRESIDING JUDICIAL OFFICER:** If the total amount approved for payment (both in-court and out-of-court), not including expenses, is less than or equal to the statutory limitation, the claim will be processed for payment. The presiding judicial officer will sign and date the voucher indicating approval of the amount to be paid in Item 27. If compensation exceeds the statutory threshold for the representation, submit a detailed memorandum, supporting and justifying that the representation was provided in a complex or extended case and that the claim for the excess amount is necessary to provide fair compensation. Upon preliminary approval of the claim, the presiding judicial officer will (1) signify approval by circling the word "cert" (for word certified) in Item 27 and (2) forward the voucher to the chief judge of the court of appeals (or delegate) for approval of the excess amount. The **JUDGE CODE** will be provided by the court staff.

**Item 29-33.** **APPROVED FOR PAYMENT:** For payments in excess of the statutory limitation, the chief judge for the court of appeals (or delegate) will indicate the amount approved for payment in Items 29 - 32. This amount will reflect any adjustments in your claim resulting from additional technical or mathematical review by the chief judge (or delegate). The chief judge of the court of appeals (or delegate) will indicate the **TOTAL AMOUNT APPROVED** for payment of the claim, less any amounts withheld for an interim payment in Item 33.

**Item 34.** **SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE):** Before the claim is paid for the excess amount, the chief judge of the appeals court (or delegate) must sign and date Item 34, approving payment for compensation that exceeds the statutory threshold. If approval is not granted, compensation will be limited to the statutory maximum for the representation and expenses as approved. The **JUDGE CODE** will be provided by the court staff.

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"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		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>						
12. ATTORNEY'S NAME ( <i>First Name, M.I., Last Name, including any suffix</i> ), AND MAILING ADDRESS  Telephone Number : _____			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Name: _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other ( <i>See Instructions</i> )  _____ 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 appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF LAW FIRM ( <i>Only provide per instructions</i> )						
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY			
CATEGORIES ( <i>Attach itemization of services with dates</i> )		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	15. a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other ( <i>Specify on additional sheets</i> )					
(RATE PER HOUR = \$ _____ ) TOTALS:						
Out of Court	16. a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work ( <i>Specify on additional sheets</i> )					
(RATE PER HOUR = \$ _____ ) TOTALS:						
17. Travel Expenses ( <i>lodging, parking, meals, mileage, etc.</i> )						
18. Other Expenses ( <i>other than expert, transcripts, etc.</i> )						
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment ( <i>compensation or anything of value</i> ) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, give details on additional sheets. <b>I swear or affirm the truth or correctness of the above statements.</b> Signature of Attorney _____ Date _____						
APPROVED FOR PAYMENT — COURT USE ONLY						
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.		
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE	34a. JUDGE CODE		



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Form CJA 24

### Introduction:

The data elements being requested on this form are explained in the instructions. If you have questions concerning the CJA Forms and the instructions, contact the Duty Day Attorney in the Office of Defender Services at 202-502-3030.

### General Instructions:

Read these instructions carefully before completing the form. Accuracy and thoroughness will aid in prompt payment of the claim. If possible, use a typewriter to complete the form; otherwise, write legibly with a ballpoint pen (preferably black or dark blue ink). If the form is system generated, Items 1 through 11 will be preprinted on the form. If additional space is needed to complete an item, attach a continuation sheet to the form.

- Item 1.**            **CIR./DIST./DIV. CODE:** This four-character court location code is the circuit or district, and divisional office codes of the court where authorization is given to procure the transcript.
- Item 2.**            **PERSON REPRESENTED:** Give the full name of the person whom representation is being provided (i.e., the person whom transcript services are requested). Only one name should be entered in Item 2 "Person Represented."
- Items 3-6.**        **DOCKET NUMBERS:** Provide the case file number or the miscellaneous number of the case for which representation is provided. Enter the number using the last two digits of the calendar year (YY), the sequential number assigned by the court (NNNNNN), and the defendant number (DDD) if applicable. Thus, the docket number format is YY-NNNNNN-DDD. Complete a separate voucher for each transcript requested. Prorate the total transcript cost among the cases when costs are shared or apportioned. Cross reference all related claims for which costs are prorated or apportioned.
- Item 7.**            **IN CASE/MATTER OF (CASE NAME):** In criminal cases, enter *U.S. vs Defendant's Name*. If it is a multiple defendant case, give the case cite as provided on the information or indictment (e.g., *U.S. vs. Lead Defendant's Name, et al.*) If the person represented is not a defendant (e.g. material witness), enter the first named defendant in the court's recording of the case. If this is a civil case (e.g., habeas corpus), enter the *Name of the Petitioner vs. the Name of the Respondent* and include the respondent's title. If other than a criminal or civil case (i.e., miscellaneous matters), enter "*In the Matter of*" followed by *the Name of the Person Represented*.
- Item 8.**            **PAYMENT CATEGORY:** Check the appropriate box that defines the statutory threshold for this representation type. If "Other" payment category is checked, specify the category within the scope of the Criminal Justice Act (CJA). See paragraph 2.22 B(2), of the *Guidelines for the Administration of the CJA and Related Statutes (CJA Guidelines)*, Volume VII, *Guide to Judiciary Policies and Procedures*.
- Item 9.**            **TYPE PERSON REPRESENTED:** Check the box that categorizes the legal status of the person represented.
- Item 10.**         **REPRESENTATION TYPE:** From the list below, select the code that describes the type of representation:

CC A defendant charged in a criminal case with an offense(s) that is a felony, misdemeanor, or petty offense under the U.S. Code, or an assimilated crime under a state code.

NT A new trial either directed from the court of appeals on remand or as a result of a mistrial

MA Motion attacking a sentence (28 U.S.C. § 2255)

MC Motion to correct or reduce sentence (Fed. R. Crim. P. 35)  
 HC Habeas Corpus, non-capital (28 U.S.C. § 2254)  
 BP Bail Presentment  
 WI Material Witness  
 WW Witnesses (Grand Jury, a Court, the Congress, a Federal Agency, etc.)  
 PR Probation Revocation  
 PA Parole Revocation  
 SR Supervised Release Hearing  
 EW Extraordinary Writs ( Prohibition, Mandamus)  
 CH Mental Competency Hearings (see Chapter 313 of Title 18 U.S. Code)  
 PT Pretrial Diversion  
 EX Extradition Cases (Foreign)  
 OT Other Types (e.g., line ups, consultations, prisoner transfer, etc.)  
 TD Appeal of Trial Disposition  
 CA Other Types of Appeals  
 AP Appeal From Magistrate's Decision

- Item 11.** **OFFENSE(S) CHARGED:** Cite the U.S. Code, title and section, of the offense or offenses for which the person represented is charged. If a death penalty case, cite the charge for which the death penalty is being sought. If a civil matter, such as a capital habeas representation or motion attacking sentence, cite 28 U.S.C. § 2254 or 28 U.S.C. § 2255, respectively.
- Item 12.** **PROCEEDINGS IN WHICH TRANSCRIPT IS TO BE USED:** Describe briefly the nature of the proceeding or other purpose for which the transcript is required (e.g., motion hearing, trial preparation, trial, appeal).
- Item 13.** **PROCEEDINGS TO BE TRANSCRIBED:** Describe specifically the type of proceedings to be transcribed (e.g., preliminary hearing, arraignment, plea, sentencing, trial, motions, parole or probation proceedings, state court proceedings, deposition). For restrictions on trial transcripts, see Item 14.
- Item 14.** **SPECIAL AUTHORIZATIONS (services other than ordinary transcript):** The following services are permitted only if the judicial officer gives special authorization (initialed by the judicial officer where required on the form):

**A. Apportionment of Transcript Cost.** The Judicial Conference has stated that the total cost of accelerated transcript services should not be routinely apportioned among parties.

**B. Types of Transcripts:**

**note: All but ordinary transcript services, to be delivered within 30 days after receipt of an order, require special prior judicial authorization.**

(1) **Expedited** -- to be delivered within 7 calendar days after receipt of an order.

(2) **Daily** -- to be delivered following adjournment and prior to the normal opening hour of the court on the following morning, whether or not it is an actual court day.

(3) **Hourly** -- ordered under unusual circumstances to be delivered within 2 hours.

(4) **Realtime Unedited Transcript** -- to be delivered electronically during the proceedings or immediately following adjournment.

**C. Trial Transcripts** -- In the absence of special prior authorization, trial transcripts shall exclude the prosecution opening statement, the defense opening statement, the prosecution argument, the defense argument, the prosecution rebuttal, the voir

dire and jury instructions.

**D. Multi-defendant Cases** -- According to Judicial Conference policy, no more than one transcript should be purchased from the court reporter on behalf of CJA defendants in multi-defendant cases. Arrangements should be made for duplication of enough transcript copies, at commercially competitive rates, for each CJA defendant for whom a transcript has been approved. The cost will be paid from CJA funds. This policy does not preclude the court reporter from providing copies at the commercially competitive rate. In addition, the court may grant an exception to this policy based upon a finding that application of the policy will unreasonably impede the delivery of accelerated transcripts to persons proceeding under the CJA. See paragraph 3.12C of the *CJA Guidelines*.

- Item 15. ATTORNEY'S STATEMENT:** The court-appointed counsel or the person proceeding *pro se* under the CJA must sign and date the affirmation statement, and print or type the signatory's name. Check the appropriate box to designate your status as a CJA panel attorney, a retained attorney whose client is unable to afford the cost of the transcript service, a person who qualifies for representation under the CJA but who has chosen to proceed *pro se*, or an attorney from a legal organization (bar association, legal aid agency, or community defender organization not receiving a periodic sustaining grant under the CJA).
- Item 16. COURT ORDER:** This order must be signed and dated by the presiding judicial officer, indicating eligibility under the CJA. An additional court order is not necessary to authorize procurement and payment for this service.
- Item 17. COURT REPORTER/TRANSCRIBER STATUS:** Check the appropriate box that indicates the reporter's status. Generally, this information will be provided by the court, the reporter, or the clerk.
- Item 18. PAYEE'S NAME, MAILING ADDRESS AND TELEPHONE NUMBER:** Print or type the full name and mailing address of the payee. Provide the payee's telephone number, including the area code.
- Item 19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE:** Provide your Social Security Number (SSN) or your Employer Identification Number (EIN) that you use to report earnings to the Internal Revenue Service (IRS).
- Item 20. TRANSCRIPT COSTS:** Cost per page for transcripts prepared by official court reporters, contract court reporters, and transcribers of taped proceedings may not exceed the rates in effect at the time the authorization. Generally, persons proceeding under the CJA may receive only the original or a copy of the transcript. Two lines for transcript costs have been provided on the form to reflect that the page rate will vary depending upon whether the party received the original or a copy, and that certain portions may be provided at a higher rate for accelerated service. (If more lines are needed to reflect these factors, attach an additional sheet and record the information in the same format as on the form.) A page of transcript shall consist of 25 lines typed on 8 -1/2 x 11 inch paper, prepared for binding on the left side, with 1-3/4 inch margin on the left side and a 3/8 inch margin on the right side. Typing shall be 10 letters per inch. Provide the page numbers for each segment of the transcript.
- Note:** Claim reimbursement for only the following expenses: (1) Travel and subsistence of assistants who aid in preparation of daily or hourly transcript, if authorized in advance by the presiding judicial officer; and (2) Extraordinary delivery costs, such as courier services or express mail (regular postage is not reimbursable). Specify and attach receipts or other supporting documentation for expenses.
- Item 21. CLAIMANT'S CERTIFICATION:** Generally, the person providing the transcript services will sign this certification. However, if the transcript has been paid for, the attorney can request reimbursement for the cost on this form by signing the claimant's certification. In that event, the attorney also must be listed as the payee in Item 18, and the information required in Items 18 and 19 (SSN, payee's mailing address and telephone number) should relate to the attorney. If the 1099 should be sent to the attorney's Law Firm, indicate the TIN of the Law Firm or

corporation and the Law Firm or corporate name in Item 19.

- Items 22.**           **CERTIFICATION OF ATTORNEY OR CLERK.** The attorney's signature in Item 22 verifies that the transcript was received. Clerks of court may verify receipt on behalf of persons proceeding *pro se*, and on behalf of all CJA parties in districts if the practice is authorized by local rule of the court.
- Item 23.**           **APPROVED FOR PAYMENT:** After reviewing for reasonableness and compliance with the *CJA Guidelines*, the presiding judicial officer must sign and date the voucher
- Item 24.**           **AMOUNT APPROVED.** The amount approved for payment.



# UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF FLORIDA  
OFFICE OF THE CLERK

JESSICA J. LYUBLANOVITS  
CLERK OF COURT  
ONE NORTH PALAFOX STREET  
PENSACOLA, FLORIDA 32502-5658  
850.435.8440  
850.433.5972 FAX

SHEILA HURST-RAYBORN  
CHIEF DEPUTY CLERK  
111 N. ADAMS STREET  
TALLAHASSEE, FLORIDA 32301-7717  
850.521.3501  
850.521.3656 FAX

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## INFORMATION FOR ALL COUNSEL APPOINTED UNDER THE CRIMINAL JUSTICE ACT TO REPRESENT IN DEATH PENALTY CASES

Enclosed please find a CJA 30 form which is the order appointing you to represent a defendant pursuant to Title 18, U. S. C., Section 3005. Your CJA 30 claim for compensation must be submitted within 45 days of the final disposition of the case in the District court, unless good cause is shown (please see 2.21A of the *CJA Guidelines*). **Note:** The CJA 30 form is a court generated form with all of the pertinent case information already inserted. This form must be used for payment in this case only.

The CJA Form 31 should be used to obtain investigative, expert and other services in all death eligible cases through disposition of the case, regardless whether the death penalty is authorized, not-authorized, or de-authorized.

For more in-depth information concerning CJA 30 and 31 vouchers, please refer to Chapter 6 of the *CJA Guidelines*.

The following information is covered by the Criminal Justice Act (CJA), Title 18 U. S. C., Section 3005 and should assist you in the completion of the CJA 30 form:

### 1. LIMITATIONS:

- A. **Hourly Rates:** Pursuant to 21 U. S. C., Section 848(q)(10)(A), the presiding judicial officer shall set the hourly compensation rate for appointed counsel in an amount not to exceed \$178 for per hour for work performed on or after January 1, 2010. For rates prior to this date, please see Appendix A.
- B. **Maximum Compensation:** There is neither a statutory case compensation maximum for appointed counsel nor provision for review and approval by the chief judge of the circuit of the case compensation amount in capital cases.

### 2. REIMBURSABLE OUT-OF-POCKET EXPENSES

- A. **Travel Expenses:** Travel related expenses that are incidental to the representation must be itemized on a separate sheet, indicating dates the expense was incurred. Please attach supporting documentation. Travel by privately owned automobiles should be claimed at \$0.555 cents per mile, effective April 17, 2012. For mileage rates prior to April 17, 2012, please see Appendix A.

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*The mission of the Office of the Clerk of the Northern District of Florida is to provide superior service to the public and the Court.*

---

Gainesville Division  
401 SE 1<sup>st</sup> Avenue, STE 243  
Gainesville, Florida 32601  
352.380.2400  
352.380.2424 FAX

Pensacola Division  
One North Palafox Street  
Pensacola, Florida 32502-5658  
850.435.8440  
850.433.5972 FAX

Tallahassee Division  
111 N. Adams Street  
Tallahassee, Florida 32301-7717  
850.521.3501  
850.521.3656 FAX

Panama City Division  
30 W. Government Street  
Panama City, Florida 32401  
850.769.4556  
850.769.7528 FAX

- B. Transcripts:** Court authorized transcripts may be claimed as a reimbursable expense; however, requests for and reimbursement or transcripts authorized by the court must be submitted on a CJA 24 form.
- C. Supporting Documentation:** All travel expenses and miscellaneous expenses which exceed \$50 must be supported by documentation (receipts, canceled checks, etc.)
- D. Record Keeping of Contemporaneous Time Records:** Appointed counsel must maintain expense records and contemporaneous time and attendance records for all work performed, for a period of three years after approval of the final voucher. Any overpayments are subject to collection, including deduction of the amounts due from future vouchers.
- E. Computer Assisted Legal Research:** The cost of computer assisted legal research equipment used by appointed counsel may be allowed as a reimbursable out-of-pocket expense, provided that the total amount approved for computer assisted legal research does not exceed the total amount of attorney compensation that reasonably would have been approved if counsel had performed the research manually. Whenever appointed counsel incurs charges for computer assisted legal research, the following should be attached to the compensation voucher:
- (1) a brief statement setting forth the issue or issues that were the subject matter of the research
  - (2) an estimate of the number of hours of attorney time that would have been required to do the research manually; and
  - (3) a copy of the bill and receipt for the use of the equipment or an explanation of the precise basis of the charge (e.g., indicating the extent to which it was derived by proration of monthly charges, or by charges identifiable to the specific research).

### **3. INVESTIGATIVE, EXPERT, OTHER SERVICES**

**\*Except as otherwise specified, the provisions set forth in Chapter III of the *Guidelines for the Administration of the Criminal Justice Act and Related Statutes* shall apply.**

**A. Request:** Request for such services may be made in all death eligible cases through disposition of the case, regardless of whether the death penalty is authorized, not authorized, or de-authorized. Prior authorization from the presiding judicial officer must be secured for all investigative expert or other services where the cost will exceed \$800. If prior authorization is obtained for an investigative, expert or other service and later it is determined that the cost of the service will exceed the initial estimate by a significant amount, you should seek, from the presiding judicial officer, further prior authorization for the additional amount. Requests should be submitted on a CJA 31 form. To acquire CJA 31 forms, counsel must file a motion and proposed order with the court in advance of the service.

**B. Interpreter Services:** Requests for interpreter services should be approved by the court on a CJA 31 form prior to contacting and engaging the services of an interpreter.

**C. Limitations:** Pursuant to 21 U.S.C. Section 848(q)(10)(B), the fees **and** expenses for investigative, expert, and other services are limited to \$7,500 in any case unless payment in excess of that amount is certified by the court. The \$7,500 limit applies to the total payments for investigative, expert, and other services in a case, not to each service individually.

**D. Excess Compensation:** Once payments for investigative, expert, and other services total \$7,500, then additional payments must be approved by the chief judge of the circuit.

#### **4. PUBLIC DISCLOSURE OF CJA ATTORNEY PAYMENT INFORMATION**

Please see the Fiscal Year 1998 Judiciary Appropriations Act, Public Law 105-119 which amended provision of the Criminal Justice Act (CJA), 18 U.S.C. 3006A as it pertains to public disclosure of CJA attorney payment information.

Please call the Judge's courtroom deputy in the Clerk's Office regarding any questions you may have about your appointment.

#### **Attachments:**

- CJA 30 Death Penalty Hourly Worksheet Form
- CJA 30 Death Penalty Hourly Worksheet Instructions
- General CJA 30 Instructions and CJA 30 Appointment Form
- General CJA 31 Instructions and CJA 31 Request and Authorization Form for Experts and Other Services

# Appendix A

## Hourly Rates:

### Effective Date:

January 1, 2010  
March 11, 2009  
January 1, 2008  
May 20, 2006  
January 1, 2006  
February 1, 2005  
April 24, 1996

### Rate:

Not to exceed \$178  
Not to exceed \$175  
Not to exceed \$170  
Not to exceed \$166  
Not to exceed \$163  
Not to exceed \$160  
Not to exceed \$125

\*For work done prior to April 24, 1996, the amount is to be determined by the presiding judicial officer.

## Mileage Rates:

### Effective Date:

1/1/2013  
4/17/2012  
1/1/2011  
1/1/2010  
2/1/2009  
8/1/2008  
3/19/2007  
2/1/2007  
1/1/2006  
9/15/2005  
2/4/2005  
1/1/2004  
1/1/2003  
1/14/2002  
11/2/2001  
1/14/2000  
4/1/1999  
9/8/1998  
1/1/1998  
1/1/1997

### Rates per mile:

56.5¢  
55.5¢  
51¢  
50¢  
55¢  
58.5¢  
50.5¢  
48.5¢  
44.5¢  
48.5¢  
40.5¢  
37.5¢  
36¢  
36.5¢  
34.5¢  
32.5¢  
31¢  
32.5¢  
31¢  
30¢

**INSTRUCTIONS FOR CJA FORM 30  
DEATH PENALTY PROCEEDINGS  
APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL**

The CJA Form 30 should be used for all death eligible cases, regardless of whether the death penalty is authorized, not-authorized, or de-authorized.

Read these instructions carefully before completing the form. Accuracy and thoroughness will aid in the prompt payment of the claim. If possible, use a typewriter to complete the form; otherwise, write legibly with a ball point pen (preferably black or dark blue ink). If the form is generated from the automated system, Items 1-11 and 13 will be preprinted on the form. Attach an itemized statement of the services provided and expenses incurred. Give the date and the number of hours claimed for each service provided. Provide dates for, a description of, and the purpose for any expenses incurred. For additional guidance, refer to the *Guidelines for the Administration of the Criminal Justice Act and Related Statutes (CJA Guidelines)*, Volume VII, *Guide to Judiciary Policies and Procedures*.

Appointed counsel may obtain investigative, expert, and other services necessary for adequate representation in accordance with the procedures set forth in subsection (e) of the Criminal Justice Act (as amended), codified in part at 18 U.S.C. §3006A (CJA) and subsection (q)(9) and (10)(B) of the Anti Drug Abuse Act, 21 U.S.C. § 848. Prior authorization from the presiding judicial officer is required for all such services where the cost, excluding reimbursable out-of-pocket expenses, will exceed \$800. Failure to obtain prior authorization will result in the disallowance of any amount claimed unless the presiding judicial officer, in the interest of justice, finds that timely procurement of necessary services could not await prior authorization. Payment for these services should be claimed directly by the service provider on the CJA Form 31 "Death Penalty Proceedings: Ex Parte Request for Authorization and Voucher for Expert and Other Services".

**Vouchers shall be submitted no later than 45 days after the final disposition of the case, unless good cause is shown (paragraph 2.21A, CJA Guidelines). All payments made pursuant to this claim are subject to post-audit; contemporaneous time and attendance records, as well as expense records must be maintained for three years after approval of the final voucher (paragraph 2.32, CJA Guidelines). Any overpayments are subject to collection, including deduction of amounts due from future vouchers.**

**Item 1. CIR./DIST./DIV. CODE:** This six-character location code is the circuit, district, and divisional office codes for the court where the proceedings whom the person represented are held.

**Item 2. PERSON REPRESENTED:** Give the full name of the person whom you were appointed to represent.

**Items 3-6. DOCKET NUMBERS:** Provide the case number assigned by the court. Enter the number using the last two digits of the calendar year (YY), the sequential number assigned by the court (NNNNNN), and the defendant number (DDD), as shown in the indictment or charging document. Thus, the format of the docket number is YY-NNNNNN-DDD. **Note:** If two or more cases are heard or tried together for the person represented, complete a separate voucher for each case in which representation is provided (i.e., for each docket number listed). Prorate the total time among the cases. On the supporting documentation, cross reference the voucher number of all related claims for which costs are prorated.

**Item 7. IN CASE/MATTER OF (CASE NAME):** In criminal cases, enter *U.S. vs. Defendant's Name*. If it is a multiple defendant case, give the case cite as provided on the indictment (e.g., *U.S. vs. Lead Defendant's Name, et al*). If this is a habeas corpus proceeding, enter the *Name of the Petitioner vs. the Name of the Respondent* and include the respondent's title.

**Item 8. TYPE PERSON REPRESENTED:** Check the box that defines the legal status of the person represented.

**Item 9. REPRESENTATION TYPE:** Check one of the following types of representations: D1

Habeas corpus (capital) petition pursuant to 28 U.S.C. § 2254, seeking to vacate or set aside a state death sentence and Appeals;

D2 Federal capital prosecution, either trial or direct appeal;

D3 Habeas corpus (capital) petition pursuant to 28 U.S.C. § 2255 seeking to vacate or set aside a federal death sentence and appeals; or

D4 Death penalty prosecution in federal court under a state statute or any authority other than the United States Code, and appeals.

**Item 10. OFFENSE(S) CHARGED:** If the case is a capital prosecution in federal court, cite the U. S. Code, title and section, or other code citation of all charges up to five. List all death-eligible charges first. If the case is a direct appeal of a federal prosecution, list all offenses for which the defendant was convicted.

**Item 11/13 ATTORNEY'S NAME AND MAILING ADDRESS AND NAME AND MAILING ADDRESS OF LAW FIRM:** Complete Item 11 with the legal name and address of the attorney appointed to represent the person whose name is shown in Item 2. If prior to your appointment for representation, you had a pre-existing agreement with a law firm or corporation, including a professional corporation, indicating that CJA earnings belong to the law firm or corporation, rather than to the court-appointed attorney/payee, provide the Name and Mailing address of that law firm or corporation in Item 13. This information will allow earnings to be reported to the Internal Revenue (IRS) on a 1099 Statement as earnings of the law firm or corporation and not as the earnings of the attorney appointed. *(Note: Information about a pre-existing agreement, including the Taxpayer Identification Number (TIN) of the law firm or corporation, should be provided to the court staff when the attorney is admitted to the panel or at initial appointment to a case.)*

**Item 12. COURT ORDER:** Check the box that describes the type of counsel appointed. If appointed as a substitute counsel, give the name of the previous counsel and the appointment date. If appointed as a "Standby Counsel," attach the court order establishing this type of appointment in accordance with paragraph 2.17 of the *CJA Guidelines*. Specific qualifications are required for all counsel appointed to provide representation in death penalty cases. See 21 U.S.C. § 848 (q)(5)-(7) and 18 U.S.C. § 3005. The remaining portion of the Item will be completed by the clerk of court or other court-designated person. If the court approves interim payments because of the conditions stated in Box "D," the court should check this box. The presiding judicial officer or clerk of court must sign and date this court order to validate the appointment. Check statement "E," if full or partial repayment was ordered by the court from the person represented at the time of the appointment. If services were provided prior to court appointment, the presiding judicial officer can ratify the previous service by indicating a "nunc pro tunc" date that covers the services prior to appointment. No other court order is necessary.

**Item 14. STAGE OF PROCEEDING:** Check the box that corresponds to the stage of proceeding for services claimed in Item 15 even if it is anticipated that the work will be used in connection with a later stage of the proceeding. CHECK ONLY ONE BOX. Submit a separate voucher for each stage of proceeding. **NOTE:** The stage noted as "Other" under "Other Proceeding" should be used only for a petition for presidential pardon or clemency, or other proceeding that cannot fit within the other described categories.

**Item 15. CLAIM FOR SERVICES--CATEGORIES FOR HOURS AND COMPENSATION:** On the applicable lines "a" through "j" enter the actual time spent in hours and tenths of hours. Total the number of hours in out-of-court categories "b" - "j" and enter the total in the "HOURS CLAIMED" column where required. Multiply the total hours for in-court and out-of-court time by the allowable compensation rate. Enter the amount claimed in the "TOTAL AMOUNT CLAIMED" column for category "a", and for categories "b" - "j." **NOTE:** Indicate "Other Dispositive Motions" only for work related to a motion to dismiss, motion for summary judgment, or similar motion to end the entire habeas corpus proceeding. If services included in-court hearings of one hour each on separate dates, enter two hours on the form and attach a sheet indicating one hour for each of the two dates. Any mathematical or technical adjustments to your claim during the judicial approval process or an additional review will be indicated in the columns provided on the form under the heading "**FOR COURT USE ONLY.**"

**Item 16. TRAVEL EXPENSES:** Travel related expenses that are incidental to the representation (e.g., transportation, lodging, meals, car rental, parking, bridge, road and tunnel tolls, etc.) must be itemized on a separate sheet, indicating dates the expense was incurred. Attach supporting documentation (receipts, canceled checks, etc.) for all travel expenses. Travel expenses by privately owned automobile, motorcycle, or aircraft should be claimed at the rate in effect for federal employees at the time of travel. For

overnight travel, reasonable expenses for lodging and meals will be reimbursed on an actual expense basis; per diem is not allowed. Counsel should be guided by prevailing limitations for travel and subsistence expenses of federal employees. The clerk of court can advise you on applicable rates and federal government travel regulations.

**Item 17. OTHER EXPENSES:** Itemize all reimbursable out-of-pocket expenses incidental to the representation. Provide dates and a brief description of the expense. Submit supporting documentation (a receipt, canceled check, etc.) for single item expenses in excess of \$50. Reimbursable expenses may include, in some circumstances, payments to a law student or law clerks for research and assistance, and the cost of computer assisted legal research (CALR) when conducted by counsel. See paragraph 2.27 B and 3.15 of the *CJA Guidelines* for an explanation. Fees and expenses for expert attorney and other consultants in death penalty cases should be authorized and claimed on a CJA Form 31. The following are not reimbursable expenses, and should not be claimed:

1. General office overhead, such as rent, telephone services, and secretarial services.
2. Expenses for items of a personal nature for the client (e.g., clothes, haircuts).
3. The cost of printing briefs. However, the cost of photocopying or similar copying service is reimbursable.
4. Fact witness fees, witness travel costs, and expenses for service of subpoenas. These expenses are not paid out of the CJA appropriation, but instead are paid by the Department of Justice pursuant to Fed. R. Crim. P. 17 and 28 U.S.C. § 1825. Contact the United States Marshal for payment procedures. See paragraph 3.13 of the *CJA Guidelines* for guidance on payment of witness fees generally.
5. Filing fees. These fees are waived for persons proceeding under the CJA.
6. The cost of allowable investigative, expert, or other services. (See Chapters III and VI of the *CJA Guidelines*) such services should be requested using a CJA Form 31.
7. Compensation taxes. Taxes paid on attorney compensation, whether based on income, sale, or gross receipts, are not reimbursable expenses.

**Totals.** Enter the "Grand Total" where required by adding the total amount claimed for "in-court," "categories b - j," "Travel Expenses," and "Other Expenses."

**Item 18. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD OF SERVICE:** The person appointed by the court must certify dates of service for the representation. Indicate where required, the date range for the services claimed on the voucher.

**Item 19. APPOINTMENT TERMINATION DATE, IF OTHER THAN CASE COMPLETION:** If the appointment is discontinued by order of the court (i.e., substituted counsel or reasons other than disposition of the defendant's case such as fugitive defendant, appointment of a public defender, or retention of counsel by defendant), give the effective date for termination of appointment.

**Item 20. CASE DISPOSITION:** Indicate case disposition for the person represented. Select applicable code from the table below.

	Type of Disposition	Code
District Court Criminal and Other Proceedings	Dismissed	1
	Acquitted by court, or government motion for judgment of acquittal granted	2
	Acquitted by jury	3
	Convicted / final plea guilty	4
	Convicted / final plea nolo	5
	Convicted / court trial	8
	Convicted / jury trial	9
	Mistrial	C
	Not Guilty / Insane / court trial	E
	Guilty / Insane / court trial	F
	Not Guilty / Insane / jury trial	G
	Guilty / Insane / jury trial	H
	Other (PTD matters, other reps,	X

	transfers, etc.)	
Appeals	Affirmed	A
	Reversed	R
	Remanded	O
	Reversed in Part / Affirmed in Part	RA
	Affirmed in Part / Reversed in Part	AR
	Dismissed	1
Habeas / Petitions / Writs	Granted	GR
	Denied	DE

**Item 21. CLAIM STATUS:** Indicate, by checking the appropriate box, whether the voucher is (1) the final payment for the services, (2) an interim payment, or (3) a supplemental payment (an additional claim submitted after a final payment is made). If an interim payment, indicate the payment number. Complete the remaining portion of Item 21, and sign and date the affirmation statement before submitting the claim for court approval.

**Items 22-27a. APPROVED FOR PAYMENT--COURT USE ONLY:** The presiding judicial officer will indicate the amount approved for each major category. These amounts will reflect mathematical or technical adjustments to your claim. The total amount approved for payment of the claim, less any amounts withheld for interim payment, is reflected in the "**TOTAL AMOUNT APPROVED.**" The "**SIGNATURE OF THE PRESIDING JUDICIAL OFFICER**" is required to effect payment of the claim. The **JUDGE CODE** will be provided by the court staff.

**INSTRUCTIONS FOR CJA 31**  
**DEATH PENALTY PROCEEDINGS: EX PARTE REQUEST FOR**  
**AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES**

The CJA Form 31 should be used to obtain investigative, expert and other services in all death eligible cases through disposition of the case, regardless whether the death penalty is authorized, not-authorized, or de-authorized.

Read these instructions carefully before completing the form. Accuracy and thoroughness will aid in the prompt payment of the claim. Use a typewriter if possible to complete the form; otherwise, write legibly with a ball point pen (preferably black or dark blue ink). If the form is generated by the automated system, Items 1 through 10 and 13 will be preprinted on the form. Attach an itemized statement of the services provided and expenses incurred. Give the date and the number of hours claimed for the service requested. Provide the dates for and a description of expenses incurred. For additional guidance, refer to the *Guidelines for the Administration of the Criminal Justice Act and Related Statutes (CJA Guidelines)*, Volume VII, *Guide to Judiciary Policies and Procedures*, which is available for reference in the Clerk's office.

**All payments made pursuant to this claim are subject to post-audit; overpayments are subject to collection, including deduction of amounts due from future vouchers.**

**Refer to 21 U. S. C. 848(q)(9) and the *CJA Guidelines* concerning the conditions for making *ex parte* requests.**

**Note:** Prior authorization from the presiding judicial officer must be secured for all investigative, expert or other services where the cost (excluding reimbursement for reasonable expenses) will exceed \$800. Failure to obtain prior authorization will result in the disallowance of any amount claimed for compensation in excess of \$800, unless the presiding judicial officer finds that, in the interest of justice, timely procurement of necessary services could not await prior authorization.

If prior authorization is obtained for an investigative, expert or other service and later it is determined that the cost of the service will exceed the initial estimate by a significant amount, you should seek, from the presiding judicial officer, further prior authorization for the additional amount.

**For cases commenced, and appellate proceedings for which an appeal is perfected, on or after April 24, 1996,** the presiding judicial officer's approval of payment in Item 28 may require additional approval by the chief judge of the court of appeals (or active circuit judge to whom the chief judge has delegated excess compensation approval authority) consistent with the \$7,500 statutory amount set forth in 21 U.S.C. § 848(q)(10)(B). Pursuant to that provision, if the aggregate amount of compensation and expenses for all investigative, expert, and other services exceeds \$7,500 in any case, payment in excess of that amount must be certified by the presiding judicial officer as necessary to provide fair compensation for services of an unusual character or duration, and the amount of the excess payment must be approved by the chief judge of the court of appeals (or delegate).

**Item 1. CIR./DIST./DIV. CODE:** This four-character location code is the circuit or district, and divisional office codes for the court where the proceedings for the person represented are held.

**Item 2. PERSON REPRESENTED:** Give the full name of the person whom you were appointed to represent.

**Items 3-6. DOCKET NUMBERS:** Provide the case number assigned by the court. Enter the number using the last two digits of the calendar year (YY), the sequential number assigned by the court (NNNNNN), and the defendant number (DDD), as shown in the indictment or charging document. Thus, the format of the docket numbers is YY-NNNNNN-DDD. If two or more cases are heard or tried together for the person represented, complete a separate voucher for each case in which services are provided (i.e., for each docket number listed). Prorate the total time among the cases. On the supporting documentation, cross reference all related claims for which costs are prorated.

**Item 7. IN CASE/MATTER OF (CASE NAME):** In criminal cases, enter *U.S. vs. Defendant's Name*. If it is a multiple defendant case, give the case cite on the indictment (e.g., *U.S. vs. Lead Defendant's Name, et al*). If this is a habeas corpus proceeding, enter the *Name of the Petitioner vs. the Name of the Respondent* and include the respondent's title.

**Item 8. TYPE PERSON REPRESENTED:** Check the box that defines the legal status of the person represented.

**Item 9. REPRESENTATION TYPE:** Use the CJA Form 31 only if this is a death penalty representation. Check one of the following types of representation:  
D1 Habeas corpus (capital) petition pursuant to 28 U.S.C. § 2254, seeking to vacate or set aside a state death sentence and appeals;  
D2 Federal capital prosecution, either trial or direct appeal;  
D3 Habeas corpus (capital) petition pursuant to 28 U.S.C. § 2255, seeking to vacate or set aside a federal death sentence and appeals; or  
D4 Death penalty prosecution in federal court under a state statute or any authority other than the United States Code and appeals.

**Item 10. OFFENSE(S) CHARGED:** If the case is a capital prosecution in federal court, cite the U.S. Code (title and section) or other code citation of all charges, up to five. List all death-eligible offenses first. If this is a direct appeal of a federal prosecution, list all offenses for which the defendant was convicted.

**Item 11. ATTORNEY'S STATEMENT, NAME AND MAILING ADDRESS:** Check the appropriate box to indicate whether the request is for authorization to obtain services, or approval of services already provided. Include, for the services described in Item 12, the total estimated dollar amount for compensation and expenses. Estimate the cost of the services (including expenses) requested, and show the amount where required on the form. Note the basis for compensation (e.g., number of hours of work at hourly rate, number of days at daily rate, or a fixed dollar fee). This statement must be signed and dated by counsel for the person represented (or by the person proceeding pro se). Check the appropriate box to designate the attorney status as an attorney from a legal organization (bar association, legal aid agency, or community defender organization not receiving a periodic sustaining grant under the Criminal Justice Act (CJA), a CJA panel attorney, a retained attorney whose client is unable to afford the cost of the service requested, or a person who qualifies for representation under the CJA but has chosen to proceed *pro se*.

Give the complete legal name, mailing address, and telephone number of the attorney appointed to represent the person whose name is shown in Item 2. Provide the mailing address and telephone number of the attorney.

For cases commenced, and appellate proceedings for which an appeal is perfected, on or after April 24, 1996, all totals for compensation and expenses authorized for investigative, expert, and other services will be included as a part of the statutory threshold. (Payments to counsel for representation are not a part of the statutory threshold.) The court may use this information to help determine whether advance approval should be obtained from the chief judge of the court of appeals (or delegate) in anticipation that the \$7,500 amount for compensation and expenses for investigative, expert, and other services will be exceeded. If the estimated amount has been authorized already, in whole or in part, through a case budgeting process by the court (and by the chief judge of the court of appeals (or delegate) if applicable), attach the appropriate documentation to the first payment voucher submitted.

**Item 12. Procedures for Requesting Psychiatric and Psychological Services.** If this is a request for an examination by a psychiatrist or psychologist, state whether the purpose of the examination is to determine (1) the current mental state of the person represented, or (2) the mental state at the time of the person's alleged offense. Counsel may request authorization to obtain necessary psychiatric and related services when the purpose of an examination is to assist the defense and counsel wishes to control disclosure of the examination report (i.e., keep it confidential from the court and the prosecution) as well as to select the expert conducting the examination. If the examination is ordered pursuant to a statute, cite the statute (U.S. Code, title and section). See paragraph 3.11 of the *CJA Guidelines* and accompanying chart, "Responsibility for Payment of Psychiatric and Related Expert Services."

In habeas corpus proceedings, payment of fees and expenses of psychiatric examinations for purposes other than representation of the petitioner is not paid from Defender Services funds, but is determined by the rules governing section 2254 cases in the United States district courts and rules governing 2255 cases in the United States courts. In order to avoid confusion and possible delays in payment, the order authorizing the services to be obtained should specify the statutory authority and the agency responsible for payment.

**DESCRIPTION OF AND JUSTIFICATION FOR SERVICES:** Briefly, describe the nature of the services requested and the reason services are necessary to provide adequate representation.

**Item 13. TYPE OF SERVICE PROVIDER:** Check the box that identifies the type of service provider requested. If you check the box "Other," be sure to specify the type of service or service provider. If computer assisted legal research (CALR) is checked, refer to paragraph 3.15 of the *CJA Guidelines* for an explanation of the criteria and procedures for approval of CALR as a necessary service under CJA.

**Item 14. COURT ORDER:** This court order must be signed and dated by the presiding judicial officer. An additional court order is not necessary except for certain psychiatric and psychological examinations as explained in the instructions for Item 12, or to authorize payment for services exceeding \$500 when prior authorization was not obtained (see Item 23). Indicate whether full or partial repayment was ordered by the court from the person represented by checking "Yes" or "No."

**Item 15. STAGE OF PROCEEDING:** Check the box that corresponds to the stage of proceeding for services claimed in Item 16 even if it is anticipated that the work will be used in connection with a later stage of the proceeding. CHECK ONLY ONE BOX. Submit a separate voucher for each stage of proceeding. The stage noted as "Other" under "Other Proceeding" should be used only for a petition for presidential pardon or clemency, or other proceeding that does not relate to the other described categories.

**Item 16. CLAIM FOR SERVICES AND EXPENSES:**

**COMPENSATION (Item 16a):** Enter the total amount claimed for professional services rendered. On an attachment to the voucher, describe in detail the services provided, including dates of service and the amount of time spent (in hours and tenths of hours). State the basis for the fee claimed (e.g., hourly rate, daily rate, fixed fee).

**TRAVEL EXPENSES (Item 16b):** Travel related expenses that are incidental to providing services (e.g., transportation, lodging, meals, car rental, parking, etc.) must be itemized on a separate sheet, indicating dates the expense was incurred. Attach supporting documentation (receipts, canceled checks, etc.) for travel expenses. Travel expenses by privately owned automobile, motorcycle or aircraft, should be claimed at the rate in effect for federal employees at the time of travel. For overnight travel, reasonable expenses for lodging and meals will be reimbursed on an actual expense basis; per diem is not allowed. Service providers are limited to the travel and subsistence expenses of federal employees. The clerk of court can advise you of applicable rates and federal government travel regulations.

**OTHER EXPENSES (Item 16c):** Itemize all reimbursable out-of-pocket expenses incurred incidental to services provided. Enter the total claimed where required on the form. Submit supporting documentation (receipts, canceled checks, paid invoices, etc.) for all single item expenses in excess of \$50. Do not include general office overhead (e.g., rent, telephone services, secretarial services) as reimbursable expenses. Fees and expenses for consultants in death penalty cases should be claimed on this form

The columns under "FOR COURT USE ONLY" will reflect any mathematical and technical adjustments to the claim during the judicial approval process or changes during a required additional review of the chief judge of the court of appeals (or delegate).

**Item 17. PAYEE'S NAME AND MAILING ADDRESS, CLAIMANT'S CERTIFICATION OF SERVICE PERIOD AND CLAIM STATUS:** Provide the complete name and address of the payee (claimant). The claimant must certify the dates covered by indicating the date range for services rendered. Check the box to indicate whether this is (1) a final payment for services, (2) an interim payment, or (3) a supplemental payment (an additional claim submitted after a final payment). If this is an interim payment, indicate the interim payment number. The claimant or payee must sign and date the payment certification statement prior to submitting the claim to the attorney for certification that the services were rendered and received. Provide the Taxpayer Identification Number (TIN) to report these earnings to the Internal Revenue Service (IRS).

**Item 18. CERTIFICATION OF ATTORNEY:** This section must be completed by the attorney

appointed to provide representation, a retained attorney whose client is unable to afford cost of the services requested, or by a person proceeding *pro se* under the CJA.

**Items 19-22. APPROVED FOR PAYMENT -- COURT'S USE ONLY:** The presiding judicial officer must review for reasonableness and compliance with the *CJA Guidelines* every claim for compensation and any reimbursement for expenses incurred. After review, the judicial officer will indicate the amount approved for payment in each of the payment categories. These amounts will reflect any mathematical and technical adjustments made to the claim.

The "**TOTAL AMOUNT APPROVED/CERTIFIED**" (Item 22) is the amount approved for payment of the claim, less any amounts withheld in accordance with an interim payment order. If the amount exceeds the statutory threshold, including expenses, the presiding judicial officer certifies the excess compensation for payment approval of the chief judge of the court of appeals (or delegate), by circling the word "certified" and indicating the amount approved in Item 22).

**Item 23. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER:** The presiding judicial officer must check the appropriate box to indicate (1) either the cost, excluding expenses, does not exceed \$500, or prior authorization was obtained; or (2) in the interest of justice, the court finds that timely procurement of the services could not await prior authorization, even though the cost, excluding expenses, exceeds \$500. The presiding judicial officer will sign and date Item 23, indicating approval/certification of the amount in Item 22. The court will provide the **JUDGE CODE**.

**Items 24-27. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD:** The chief judge of the court of appeals (or delegate) will indicate the amount approved for payment in each of the payment categories (Items 24 -26). This amount will reflect any adjustments of your claim resulting from the additional review of claims by the chief judge (or delegate) for amounts that exceed the statutory threshold for the payment category of the case. The chief judge (or delegate) will sign and date Item 28 for the total amount approved and entered in Item 27. The **JUDGE CODE** of the chief judge (or delegate) approving the excess compensation will be provided by the court staff.

**Item 28. FOR CASES COMMENCED, AND APPELLATE PROCEEDINGS FOR WHICH AN APPEAL IS PERFECTED, ON OR AFTER APRIL 24, 1996.** The presiding judicial officer should sign and date Item 28, indicating, in paragraph A of Item 28, the total amount paid for compensation and expenses for investigative, expert and other service providers on behalf of the person represented in this case, and that payment in excess of the statutory threshold is approved.

Complete Item 28 only for cases commenced, and appellate proceedings for which an appeal is perfected, on or after April 24, 1996. If the amount approved for compensation and expenses for investigative, expert, and other services on behalf of the person represented in a case is less than or equal to \$7,500, the claim will be forwarded to the clerk of court for processing for payment. Upon preliminary approval of a claim in excess of \$7,500 (including other claims for investigative, expert, and other services on behalf of the person represented), the presiding judicial officer will (1) signify approval of the excess amount under 21 U.S.C. § 848(q)(10)(B) by circling "Certification" in Item 22. If the chief judge (or delegate) approves the excess amount, the judge will enter the amount approved for payment in Item 27, sign and date Item 28. If approval is not granted, the claim will be returned to the presiding judicial officer for appropriate action.

**INSTRUCTIONS FOR IN-COURT and OUT-OF-COURT HOURLY WORKSHEET (Rev. 10/1/2004)**

These worksheets were devised to standardize the itemization and documentation of hourly totals for in-court and out-of-court services performed by court-appointed counsel in the defense of a client under the Criminal Justice Act (CJA). Each attorney should provide the following on each worksheet:

1. The case number and defendant name pertaining to the claim
2. For each in-court and out-of-court service rendered provide the following:
  - a. the date the service was performed
  - b. a brief description of the service performed
  - c. the time spent performing the service

The time spent performing the services must be reported in 1/10 hours, using percentages; i.e., .2, .5, etc. In addition, the time reported will be listed under the appropriate in-court and out-of-court service categories; i.e., arraignment and/or plea, motions and requests, bail hearings, etc.

Once all in-court and out-of-court services have been documented, the hours column pertaining to each service category will be totaled. If more than one page is required they should be numbered as follows: page 1 of 3, page 2 of 3, etc., and a page total should be provided on each page. A grand total of all page totals should be provided on the final page. The grand total hours for each service category will then be transferred to items 15 (in-court) and 16 (out-of-court) of the CJA 20 in the box under column entitled "Hours Claimed." The in-court and out-of-court compensation should then be calculated, multiplying the applicable rate per hour by the total hours, and that figure placed in the "Total Amount Claimed" column.

Once all necessary information has been completed and transferred to the CJA 20, the in-court and out-of-court hourly worksheets must be attached to the CJA 20.

**INSTRUCTIONS FOR OTHER EXPENSE WORKSHEET**

This worksheet was devised to standardize the itemization of other reimbursable expenses incurred by court-appointed counsel in the defense of a client under the Criminal Justice Act (CJA). Each attorney should provide the following on the worksheet:

1. The case number and CJA 20 defendant name pertaining to the claim
2. For each item of other expense incurred provide the following:
  - a. the date incurred
  - b. a brief explanation of the expense
  - c. the amount of expense incurred

Attach supporting documentation; i.e., receipts, canceled checks and invoices for all expenses in excess of \$50.00. Such expense items as mileage and copying should show the total miles and pages, respectively, multiplied by the applicable rate to arrive at the expense incurred. The expense incurred should then be listed under the appropriate other expense category; i.e., mileage, parking, meals, etc.

Once all other expenses have been itemized, total each column, listing the total amount. Transfer and list other expense categories and their applicable totals, using the spaces provided on items 17 and 18 of the CJA 20 in the box under column entitled "Total Amount Claimed." The other expense worksheet, along with any supporting documentation, must be attached to the CJA 20.



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> )		9. REPRESENTATION TYPE
8. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Other <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Appellee		<input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <input type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D4 Other (Specify)

10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*

**REQUEST AND AUTHORIZATION FOR EXPERT SERVICES**

11. 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. (*See Instructions*)

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: \_\_\_\_\_

12. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES ( <i>See Instructions</i> )	13. TYPE OF SERVICE PROVIDER
14. COURT ORDER    Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 11 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    15 <input type="checkbox"/> Other Medical 02 <input type="checkbox"/> Interpreter/Translator    16 <input type="checkbox"/> Voice/Audio Analyst 03 <input type="checkbox"/> Psychologist    17 <input type="checkbox"/> Hair/Fiber Expert 04 <input type="checkbox"/> Psychiatrist    18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 05 <input type="checkbox"/> Polygraph 06 <input type="checkbox"/> Documents Examiner    19 <input type="checkbox"/> Paralegal Services 07 <input type="checkbox"/> Fingerprint Analyst    20 <input type="checkbox"/> Legal Analyst/Consultant 08 <input type="checkbox"/> Accountant    21 <input type="checkbox"/> Jury Consultant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)    22 <input type="checkbox"/> Mitigation Specialist 10 <input type="checkbox"/> Chemist/Toxicologist    23 <input type="checkbox"/> Duplication Services ( <i>See Instructions</i> ) 11 <input type="checkbox"/> Ballistics 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert    24 <input type="checkbox"/> Other ( <i>Specify</i> ) 14 <input type="checkbox"/> Pathologist/Medical Examiner

15. STAGE OF PROCEEDING    Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 16 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.

<b>CAPITAL PROSECUTION</b>	<b>HABEAS CORPUS</b>	<b>OTHER PROCEEDING</b>
a. <input type="checkbox"/> Pre-Trial	e. <input type="checkbox"/> Appeal	g. <input type="checkbox"/> Habeas Petition
b. <input type="checkbox"/> Trial	f. <input type="checkbox"/> Petition for the U.S. Supreme Court Writ of Certiorari	h. <input type="checkbox"/> Evidentiary Hearing
c. <input type="checkbox"/> Sentencing	i. <input type="checkbox"/> Dispositive Motions	k. <input type="checkbox"/> Petition for the U.S. Supreme Court Writ of Certiorari
d. <input type="checkbox"/> Other Post Trial	j. <input type="checkbox"/> Appeal	l. <input type="checkbox"/> Stay of Execution
		m. <input type="checkbox"/> Appeal of Denial of Stay
		n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay
		o. <input type="checkbox"/> Other

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 (*First Name, M.I., Last Name, including any suffix*), 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
23. <input type="checkbox"/> Either the cost ( <i>excluding expenses</i> ) of these services does not exceed \$500, or prior authorization was obtained; OR <input type="checkbox"/> 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. FOR REPRESENTATIONS COMMENCED AND APPELLATE PROCEEDINGS IN WHICH AN APPEAL IS PERFECTED ON OR AFTER APRIL 24, 1996,  
 A. Total compensation and expense payments approved to date (include amounts withheld for interim payments) for investigative, expert and other services for this representation is \$ \_\_\_\_\_  
 B. Payment approved (compensation and expenses) in excess of the statutory threshold for investigative, expert and other services under 21 U.S.C. § 848(q)(10)(B).  
 \_\_\_\_\_  
 Signature of Chief Judge, Court of Appeals (or Delegate)    Date    Judge Code



