©CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 12/03) 1. CIR./DIST./ DIV. CODE 2. PERSON REPRESENTED VOUCHER NUMBER 6. OTHER DKT. NUMBER 3. MAG. DKT./DEF. NUMBER 4. DIST. DKT./DEF. NUMBER 5. APPEALS DKT./DEF. NUMBER 8. PAYMENT CATEGORY TYPE PERSON REPRESENTED REPRESENTATION TYPE 7. IN CASE/MATTER OF (Case Name) ☐ Adult Defendant ☐ Felony ☐ Petty Offense ☐ Appellant (See Instructions) ☐ Appellee ☐ Misdemeanor ☐ Other П Juvenile Defendant ☐ Appeal Other 11. 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 TRANSCRIPT 12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) 13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). 14. SPECIAL AUTHORIZATIONS JUDGE'S INITIALS A. Apportioned Cost % of transcript with (Give case name and defendant) B. 

Expedited ☐ Daily ☐ Hourly Transcript ☐ Realtime Unedited Transcript C.  $\square$  Prosecution Opening Statement  $\square$  Prosecution Argument  $\square$  Prosecution Rebuttal ☐ Defense Argument ☐ Voir Dire ☐ Defense Opening Statement ☐ Jury Instructions D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act. 16. COURT ORDER 15. ATTORNEY'S STATEMENT Financial eligibility of the person represented having been established to the Court's As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant satisfaction the authorization requested in Item 15 is hereby granted. to the Criminal Justice Act. Signature of Attorney Date Signature of Presiding Judge or By Order of the Court Date of Order Nunc Pro Tunc Date Printed Name Telephone Number: ☐ Panel Attorney ☐ Retained Attorney ☐ Pro-Se ☐ Legal Organization **CLAIM FOR SERVICES** 17. COURT REPORTER/TRANSCRIBER STATUS 18. PAYEE'S NAME AND MAILING ADDRESS ☐ Official ☐ Contract ☐ Transcriber ☐ Other 19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE Telephone Number: **INCLUDE** LESS AMOUNT 20. TRANSCRIPT NO. OF PAGES RATE PER PAGE SUB-TOTAL TOTAL PAGE NUMBERS APPORTIONED Original Copy Expense (Itemize) TOTAL AMOUNT CLAIMED: 21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED 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 ATTORNEY CERTIFICATION 22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. Signature of Attorney or Clerk Date APPROVED FOR PAYMENT — COURT USE ONLY

24. AMOUNT APPROVED

Date

23. APPROVED FOR PAYMENT

Signature of Judge or Clerk of Court