

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>			

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT

As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR

Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (*Note: Prior authorization should be obtained for services in excess of \$500, excluding expenses*)

Signature of Attorney _____ Date _____

Panel Attorney Retained Attorney Pro-Se Legal Organization

ATTORNEY'S NAME (*First Name, M.I., Last Name, including any suffix*), AND MAILING ADDRESS _____

Telephone Number: _____

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (<i>See Instructions</i>)	14. TYPE OF SERVICE PROVIDER
15. COURT ORDER	01 <input type="checkbox"/> Investigator
	02 <input type="checkbox"/> Interpreter/Translator
	03 <input type="checkbox"/> Psychologist
	04 <input type="checkbox"/> Psychiatrist
	05 <input type="checkbox"/> Polygraph
	06 <input type="checkbox"/> Documents Examiner
	07 <input type="checkbox"/> Fingerprint Analyst
	08 <input type="checkbox"/> Accountant
	09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)
	10 <input type="checkbox"/> Chemist/Toxicologist
	11 <input type="checkbox"/> Ballistics
	13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert
	14 <input type="checkbox"/> Pathologist/Medical Examiner
	15 <input type="checkbox"/> Other Medical
16 <input type="checkbox"/> Voice/Audio Analyst	
17 <input type="checkbox"/> Hair/Fiber Expert	
18 <input type="checkbox"/> Computer (Hardware/Software/Systems)	
19 <input type="checkbox"/> Paralegal Services	
20 <input type="checkbox"/> Legal Analyst/Consultant	
21 <input type="checkbox"/> Jury Consultant	
22 <input type="checkbox"/> Mitigation Specialist	
23 <input type="checkbox"/> Duplication Services (<i>See Instructions</i>)	
24 <input type="checkbox"/> Other (<i>Specify</i>) _____	

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judge or By Order of the Court _____

Date of Order _____ Nunc Pro Tunc Date _____

Repayment or partial repayment ordered from the person represented for this service at time of authorization.
 YES NO

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			
GRAND TOTALS (CLAIMED AND ADJUSTED):			

17. PAYEE'S NAME AND MAILING ADDRESS _____

TIN: _____

Telephone Number: _____

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____

CLAIM STATUS Final Payment Interim Payment Number _____ Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (*compensation or anything of value*) from any other source for these services.

Signature of Claimant/Payee _____ Date _____

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.

Signature of Attorney _____ Date _____

APPROVED FOR PAYMENT — COURT USE ONLY

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED
23 <input type="checkbox"/> Either the cost (<i>excluding expenses</i>) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (<i>excluding expenses</i>) exceeds \$500.			
Signature of Presiding Judge _____		Date _____	Judge Code _____
24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)			
Signature of Chief Judge, Court of Appeals (or Delegate) _____		Date _____	Judge Code _____