CJA FORM 24 (one form per court reporter) should be forwarded to the court reporter along with appropriate copy/copies of the transcript order form.									
SCJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 5/99)									
1. CIR./DIST./DIV. CODE     2. PERSON REPRESENTED     VOUCHER NUMBER									
3. MAG. DT./DEF. NUMBER		4. DIST. DKT./DEF	. NUMBER	NUMBER		5. APPEALS DKT./DEF. NUM		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name)		8. PAYMENT CATEGORY □ Felony □ Petty Offense □ Misdemeanor □ Other □ Appeal		9. TYPE PERSON REPRESENTED  Adult Defendant  Juvenile Defendant  Other		10. REPRESENTATION TYPE (See Instructions)			
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.									
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)									
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trail transcripts are not to include prosecution opening statement, defense opening statement, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14.)									
14. SPECIAL AUTHORIZATIONS         A. Apportioned% of transcript with ( <i>Give case name and defendant</i> )									JUDGE'S INITIALS
B.  Expedited  Daily  Hourly Transcript  Realtime Unedited Transcript									
C. 🗆 Prosecution Opening Statement 🗆 Prosecution Argument 🗆 Prosecution Rebuttal									
<ul> <li>Defense Opening Statement</li> <li>Defense Argument</li> <li>Voir Dire</li> <li>Jury Instructions</li> </ul> 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.									
15. ATTORNEY'S STATEMENTAs the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate represent-ation. I therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.									
Signature of Attorney Date					Signature of Presiding Judicial Officer or By Order of the Court				
Printed Name Telephone					Date of Order Nunc Pro Tunc Date				
Panel Attorney     Retained Attorney     Pro-Se     Legal Organization									
			C	Laim fof	R SERVICES			t Niene a in alvedie	
17. COURT REPORTER/TRANSCRIBER STATUS       18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS         D Official       Contract       Transcriber       Other									
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE									
ļ					Telephone				
20. TRANSCRIPT	INCLUD PAGE NUM		OF PAGES	RATE	PER PAGE	SUB-TOT		LESS AMOUNT APPORTIONED	TOTAL
Original Copy									
Expense ( <i>Itemize</i> )									
TOTAL AMOUNT CLAIMED:									
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim for services rendered an is correct, and that I have not sought or received payment ( <i>compensation or anything of value</i> ) form any other source for these services.									
Signature of Date									
ATTORNEY CERTIFICATION 22. CERTIFICATION OF ATTORNEY OR CLERK 1 hereby certify that the services were rendered and that the transcript was received.									
Signature of Attorney or Clerk Date Date									
APPROVED FOR PAYMENT – COURT USE ONLY 24. AMOUNT APPROVED 24. AMOUNT APPROVED									
24. AIVI									AFFNUVED
Signature of Judicial Officer or Clerk of Court Date									