CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1CI	1CIR./DIST./DIV. CODE 2. PERSON REPRESENTED					VOUCHER NUMBER					
3. M	MAG. DKT/DEF. NUMBER 4. DIST. DKT/DEF. NU			. NUMBER	5. API	APPEALS DKT./DEF. NUMBER			6. OTHER DKT. NUMBER		
☐ Felony			☐ Misdemeanor	EGORY Petty Offense Other	☐ Adı	E PERSON REPRult Defendant enile Defendant	ESENTED Appellant Appellee		PRESENTATION TYPE te Instructions)		
11. C	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. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Telephone Number: 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)						13. COURT ORDER □ O Appointing Counsel □ F Subs For Federal Defender □ R Subs For Retained Attorney □ P Subs For Panel Attorney □ Y Standby Counsel Prior Attorney's Appointment □ 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 represented this person in this case, OR □ Other (See Instructions)					
						Signature of Presiding Judicial Officer or By Order of the Court Date of Order Nunc Pro Tunc Date					
						epayment or partial repayment ordered from the person represented for this service at time opointment. \Begin{array}{c} YES & \Boxed{DNO} NO					
CLAIM FOR SERVICES AND EXPENSES CATEGORIES (Attach itemization of services with dates.) HOURS CLAIME						TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS			ADDITIONAL REVIEW	
15	a. Arraignment and/or Plea										
	b. Bail and Detention Hearings										
	c Motion Hearings d. Trial										
	e. Sentencing Hearings										
9	f. Revocation Hearings										
П	g. Appeals Court										
	h. Other (Specify on additional sheets)										
	(RATE PER HOUR = \$) TOTALS:										
16	a. Interviews and Conference	Interviews and Conferences									
-	b. Obtaining and reviewing records										
Jo :	c. Legal research and brief writing										
Out	d. Travel lime				_						
	e. Investigative and other work (Specify on additional sheets) (RATE PER HOUR = \$) TOTALS:				+						
17.	Travel Expenses (lodging, par	rkina meals									
18.	Other Expenses (other than e										
	AND TOTALS (CLAIM										
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO:						20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION					
22. 0	CLAIM STATUS	Final Paymer	nt Inter	rim Payment Number			Supplementa	l Payment			
Have you previously applied to the court for compensation and/or reimbursement for this YES NO If yes, were you paid? YES NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this											
representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.											
L	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 JUDICIAL OFFICER						DATE	28a. JUDGE/MAG. JUDGE CODE				
				31. TRAVEL EXPENSES		32. OTHER EXPEN	33. TOTAL AMT. APPROVED				
	GNATURE OF CHIEF JUDGE, CO excess of the statutory threshold am		PEALS (OR DELEGATE)	Payment approved		DATE		34a. JUDGE CODE			