1. CIR./DIST./ DIV. CODE	R./DIST./ DIV. CODE 2. PERSON REPRESENTED						VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER	R 4. DIST. DKT./DEF. NUMBER			PEALS I	DKT./DEI	F. NUMBER	6. OTHER DKT. NUMBER			
. IN CASE/MATTER OF (Case Name)  8. PAYMENT CATEGORY    Felony			se □Adu	lt Defenenile De	dant	RESENTED  Appellant Appellee	10. REPRESENTATION TYPF. (See Instructions)			
I 1. OFFENSE(S) CHARGED (C	ite U.S Co	de, Title & Section) If more than one offe	ense, list (up to	five) majo	or offenses	charged, according to	severity of o	ffense.		
		REQUEST AND AUTHORI	ZATION FO	R EXI	PERT SI	ERVICES				
Authorization to obtain the service Approval of services already obtai excluding expenses.)  Signature of Attorney	e. Estimated ned to be pa	id for by the United States pursuant to the Crimin	al Justice Act. (No	te: Prior a		OR hould be obtained for services		),		
			Tele	ohone Nu	ımber:					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)  15. COURT ORDER				PR 01 02 03 04 05	COVIDER Investigation Inter Psych Psych Poly	eter/Translator logist atrist aph		15 ☐ Other Medical 16 ☐ Voice/Audio Analyst 17 ☐ Hair/Fiber Expert 18 ☐ Computer (Hardware Software/Systems)		
Financial eligibility of the person represented having been established to the Court's satisfaction. The requested in Item 12 is hereby granted.				06 07 08 09	Finge Acco	uments Examiner erprint Analyst ountant R (Westlaw/Lexis, etc.)		19 Paralegal Services 20 Legal Analyst/Consultant 21 Jury Consultant 22 Mitigation Specialist		
Signature of Presiding Judicial Officer or By Order of the Court				10 11	Cher Balli	nist/Toxicologist stics		23 Duplication Services (See Instructions		
	red from the	Nunc Pro Tunc Date person represented for this service at time of auth	norization.	13 14		pons/Firearms/Explosive ologist/Medical Examine		24 Other (Specify)		
CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY										
16. SERVICES AND EXPENSES (Attach itemization of services with dates)			AMOUN	AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT		ADDITIONAL REVIEW		
a. Compensation		·								
b. Travel Expenses (lodging, parking, meals, mileage, etc.) c. Other Expenses										
GRAND TOTALS (CLAIMED AND ADJUSTED):										
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS										
TIN:  Telephone  CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE TO										
	☐ Final Pa		<del></del>	_		П	upplemental P	'avment		
I hereby certify that the above claim services.	is for service	s rendered and is correct, and that I have not soug	ght or received pa	yment (co	mpensation					
		fy that the services were rendered for this case.		_						
Signature of					_	Date				
		APPROVED FOR PA	AYMENT -	COUR	T USE C	ONLY				
19. TOTAL COMPENSATION	20.	TRAVEL EXPENSES 21	. OTHER EXI	PENSES		22. TOTAL A	MOUNT AP	PPROVED/CERTIFIED		
	ned, but in the	ese services does not exceed \$300, or prior ne interest of justice the Court finds that timely pr				could not await prior aut	horization, eve	n though		
Signature of Presiding Judicial Officer				D	ate	Judge/Mag. Judge Code				
24. TOTAL COMPENSATION 25. TRAVEL EXPENSES 26.				ENSES		27. TOTAL AMOUNT APPROVED				
		TATUTORY THRESHOLD UNDER 18 U S.C. §	3006A(e)(3)							
Signature of Chief J		D	ate			Judge Code				