

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 (Case Name)	
8. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Other <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Appellee		9. REPRESENTATION TYPE <input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <input type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D4 Other (Specify)

10. 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 EXPERT SERVICES**

11. 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. (See instructions)

Signature of \_\_\_\_\_ 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: \_\_\_\_\_

12. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)	13. TYPE OF SERVICE PROVIDER
14. COURT ORDER    Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 11 is hereby granted.  Signature of Presiding Judicial Officer or By Order of tile Court _____ Date of Order _____    Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO	01 <input type="checkbox"/> Investigator    15 <input type="checkbox"/> Other Medical
	02 <input type="checkbox"/> Interpreter/Translator    16 <input type="checkbox"/> Voice/Audio Analyst
	03 <input type="checkbox"/> Psychologist    17 <input type="checkbox"/> Hair/Fiber Expert
	04 <input type="checkbox"/> Psychiatrist    18 <input type="checkbox"/> Computer (Hardware/Software/Systems)
	05 <input type="checkbox"/> Polygraph
	06 <input type="checkbox"/> Documents Examiner    19 <input type="checkbox"/> Paralegal Services
	07 <input type="checkbox"/> Fingerprint Analyst    20 <input type="checkbox"/> Legal Analyst/Consultant
	08 <input type="checkbox"/> Accountant    21 <input type="checkbox"/> Jury Consultant
	09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)    22 <input type="checkbox"/> Mitigation Specialist
	10 <input type="checkbox"/> Chemist/Toxicologist    23 <input type="checkbox"/> Duplication Services (See Instructions)
	11 <input type="checkbox"/> Ballistics
	13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert    24 <input type="checkbox"/> Other (Specify)
	14 <input type="checkbox"/> Pathologist/Medical Examiner

15. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 16 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.

<b>CAPITAL PROSECUTION</b>	<b>HABEAS CORPUS</b>	<b>OTHER PROCEEDING</b>
a. <input type="checkbox"/> Pre-Trial	e. <input type="checkbox"/> Habeas Petition	l. <input type="checkbox"/> Stay of Execution
b. <input type="checkbox"/> Trial	f. <input type="checkbox"/> Evidentiary Hearing	m. <input type="checkbox"/> Appeal of Denial of Stay
c. <input type="checkbox"/> Sentencing	g. <input type="checkbox"/> Dispositive Motions	n. <input type="checkbox"/> Petition for Writ of certiorari to the U.S. Supreme Court Regarding Denial of Stay
d. <input type="checkbox"/> Other Post Trial	h. <input type="checkbox"/> US Supreme Court Writ of Certiorari	o. <input type="checkbox"/> Other
	i. <input type="checkbox"/> Appeal	

CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY	
SERVICES AND EXPENSES <i>(Attach itemization of services with dates)</i>	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>			

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 \_\_\_\_\_

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 \_\_\_\_\_ Date \_\_\_\_\_

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

**APPROVED FOR PAYMENT COURT USE ONLY**

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED
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23.  Either the cost (excluding expense) of these services does not exceed \$300, or prior authorization was obtained, OR  
 In the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300.

Signature of Presiding Judicial Officer \_\_\_\_\_ Date \_\_\_\_\_ Judge/Mag. Judge Code \_\_\_\_\_

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
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28. FOR REPRESENTATIONS COMMENCED AND APPELLATE PROCEEDINGS IN WHICH AN APPEAL IS PERFECTED ON OR AFTER APRIL 24, 1996.

A. Total compensation and expense payments approved to date (include amounts withheld for interim payments) for investigative, expert and other services for this representation is \$ \_\_\_\_\_

B. Payment approved (compensation and expenses) in excess of the statutory threshold for investigative, expert and other services under 21 U.S.C. § 848(q)(10)(B),

Signature of Chief Judge, Court of Appeals (or Delegate) \_\_\_\_\_ Date \_\_\_\_\_ Judge Code \_\_\_\_\_