

**CJA ATTORNEY PRE-AUTHORIZATION**

(Please complete this form and submit to the Court for approval)

Date of Request: \_\_\_\_\_

CJA Panel Attorney Name: \_\_\_\_\_

Case Number/Case Caption: \_\_\_\_\_

**Associate/Partner/  
Other Counsel  
Assistance -** Name: \_\_\_\_\_  
Estimated Compensation Amount: \_\_\_\_\_

Reason for Associate/Partner/Other Counsel's Assistance:

**Paralegal  
Assistance -** Name: \_\_\_\_\_

Hourly Rate to Exceed \$60.00/hr. Benchmark: \_\_\_\_\_

Total Estimated Compensation Amount: \_\_\_\_\_

Reason to Exceed Hourly Benchmark:

**Investigator -** Name: \_\_\_\_\_

Hourly Rate to Exceed \$85.00/hr. Benchmark: \_\_\_\_\_

Total Estimated Compensation Amount: \_\_\_\_\_

Reason to Exceed Hourly Benchmark:

\_\_\_\_\_  
CJA Panel Attorney Signature

Date Approved: \_\_\_\_\_

\_\_\_\_\_  
United States District Judge

Date Approved: \_\_\_\_\_

\_\_\_\_\_  
United States Magistrate Judge