

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 ( <i>Case Name</i> )		9. REPRESENTATION TYPE
8. TYPE PERSON REPRESENTED		<input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D4 Other ( <i>Specify</i> )
<input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee		<input type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D7 State Clemency
<input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Other ( <i>Specify</i> )		<input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <input type="checkbox"/> D8 Federal Clemency
<input type="checkbox"/> Appellant		
10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>		

**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 Attorney \_\_\_\_\_ 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 ( <i>See Instructions</i> )	13. TYPE OF SERVICE PROVIDER ( <i>See Instructions</i> )
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 Judge or By Order of the 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
	02 <input type="checkbox"/> Interpreter/Translator
	03 <input type="checkbox"/> Psychologist
	04 <input type="checkbox"/> Psychiatrist
	05 <input type="checkbox"/> Polygraph
	06 <input type="checkbox"/> Documents Examiner
	07 <input type="checkbox"/> Fingerprint Analyst
	08 <input type="checkbox"/> Accountant
	09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)
	10 <input type="checkbox"/> Chemist/Toxicologist
	11 <input type="checkbox"/> Ballistics
	12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert
	13 <input type="checkbox"/> Pathologist/Medical Examiner
	14 <input type="checkbox"/> Other Medical
	15 <input type="checkbox"/> Voice/Audio Analyst
	16 <input type="checkbox"/> Hair/Fiber Expert
17 <input type="checkbox"/> Computer (Hardware/Software/Systems)	
18 <input type="checkbox"/> Paralegal Services	
19 <input type="checkbox"/> Legal Analyst/Consultant	
20 <input type="checkbox"/> Jury Consultant	
21 <input type="checkbox"/> Mitigation Specialist	
22 <input type="checkbox"/> Duplication Services	
23 <input type="checkbox"/> Other ( <i>Specify</i> )	
24 <input type="checkbox"/> Litigation Support Services	
25 <input type="checkbox"/> Computer Forensics Expert	

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.

<u>CAPITAL PROSECUTION</u>	<u>HABEAS CORPUS</u>	<u>OTHER PROCEEDING</u>
a. <input type="checkbox"/> Pre-Trial	g. <input type="checkbox"/> Habeas Petition	l. <input type="checkbox"/> Stay of Execution
b. <input type="checkbox"/> Trial	h. <input type="checkbox"/> State Court Appearance	m. <input type="checkbox"/> Appeal of Denial of Stay
c. <input type="checkbox"/> Sentencing	i. <input type="checkbox"/> Evidentiary Hearing	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	j. <input type="checkbox"/> Dispositive Motions	o. <input type="checkbox"/> Other ( <i>Specify</i> )
e. <input type="checkbox"/> Appeal	k. <input type="checkbox"/> Appeal	p. <input type="checkbox"/> Clemency
f. <input type="checkbox"/> Petition for the U.S. Supreme Court Writ of Certiorari		

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

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM \_\_\_\_\_ 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 Claimant/Payee \_\_\_\_\_ Date \_\_\_\_\_

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

Signature of Attorney \_\_\_\_\_ Date \_\_\_\_\_

**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 total cost (*excluding expenses*) of all services combined does not exceed \$800, 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 \$800.

Signature of Presiding Judge \_\_\_\_\_ Date \_\_\_\_\_ 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 \_\_\_\_\_