CJA 21 ACTHORIZATION AND	VOCCILIC	TOREM ENT MAD OTTER SERVICES	(ICCV. 0 1 /11)					
1. CIR./DIST./ DIV. CODE	2. PERS	ON REPRESENTED		VOUCHER NUMBER				
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER	5. APPE	EALS DKT./DEF	. NUMBER	6. OTHER	R DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name)		8. PAYMENT CATEGORY Felony Petty Offens Misdemeanor Other Appeal	Petty Offense		RESENTED Appellant Appellee	10. REPRESENTATION TYPE (See Instructions)		
11. OFFENSE(S) CHARGED (Ci	te U.S. Code	, Title & Section) If more than one offense			arged, according to	severity of offense.		
		REQUEST AND AUTHORIZ	ZATION FO	OR EXPER	SERVICES			
 Authorization to obtain the s Approval of services already excluding expenses) Signature of Attorney	person represe ervice. Estim obtained to b	ented, who is named above, I hereby affirm tha lated Compensation and Expenses: \$	e Criminal Justice A	Act. (Note: Prior	OR authorization should b	ntation. I here	eby request: services in excess of \$800,	
	Panel Attor rst Name, M.	ney	¶ Pro-Se MAILING ADD	☐ Legal Organiz RESS	ation			
			Tele	ephone Number:				
13. DESCRIPTION OF AND JUSTI15. COURT ORDER		01		ROVIDER (See Instructions) 17				
Financial eligibility of the person authorization requested in Item 1:	tion, the	06	ocuments Examiner ingerprint Analyst ccountant ALR (Westlaw/Lexis, etc.)		21			
Signature of Presiding Judge or E		10	Ark (Westaw/Ezas, etc.) 24 Solid (Specify) hemist/Toxicologist allistics 25 Sittingation Support Services Litigation Support Services					
Date of Order Repayment or partial repayment of NO	ordered from t	Nunc Pro Tunc Date he person represented for this service at time of	of authorization.	15 🗖 Oth	hologist/Medical Examer Medical ice/Audio Analyst	miner	26 Computer Forensics Expert	
CLAIM FOR SERVICES AND EXPENSES 16. SERVICES AND EXPENSES				FOR COURT USE ONLY				
		EXPENSES rvices with dates)	AMOUNT	CLAIMED	MATH/TECH ADJUSTED A		ADDITIONAL REVIEW	
a. Compensation b. Travel Expenses (lodging, p	arking meal	s mileage etc)						
c. Other Expenses		•						
GRAND TOTALS (C		•						
				TIN:				
			Telephone Number:					
CLAIMANT'S CERTIFICA	TION FOR	PERIOD OF SERVICE FROM			то			
CLAIM STATUS	☐ Final	Payment	ber		S	Supplemental	Payment	
I hereby certify that the above claservices.	im is for servi	ces rendered and is correct, and that I have no	ot sought or receive	ed payment (compe	ensation or anything o	f value) from a	any other source for these	
Signature of Claimant/Paye	·e				Date			
		eby certify that the services were rendered	for this case.					
Signature of Attorney					Date			
		APPROVED FOR PAY	MENT — C	COURT USI	E ONLY			
19. TOTAL COMPENSATION	20.	TRAVEL EXPENSES 21.	OTHER EXPE	NSES	22. TOTAL A	MOUNT AF	PPROVED/CERTIFIED	
	obtained, bu	nese services does not exceed \$800, or prio t in the interest of justice the Court finds the			essary services could	d not await pr	ior authorization, even though th	
		Presiding Judge	Date			Judge Code		
24. TOTAL COMPENSATION	25.	TRAVEL EXPENSES 26.	OTHER EXPE	NSES	27. TOTAL A	AMOUNT AF	PROVED	
		THE STATUTORY THRESHOLD UNDE	ER 18 U.S.C. § 30	006A(e)(3)			Judge Code	