

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>)	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE <i>(See Instructions)</i>

11. 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.*

12. ATTORNEY'S NAME (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS Telephone Number : _____	13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (<i>See Instructions</i>)
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13. NAME AND MAILING ADDRESS OF LAW FIRM (*Only provide per instructions*)

Signature of Presiding Judicial Officer 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 appointment. YES NO

CLAIM FOR SERVICES AND EXPENSES	FOR COURT USE ONLY
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CATEGORIES (<i>Attach itemization of services with dates</i>)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea				
	b. Bail and Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (<i>Specify on additional sheets</i>)				
(RATE PER HOUR = \$) TOTALS:					
Out of Court	a. Interviews and Conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and other work (<i>Specify on additional sheets</i>)				
(RATE PER HOUR = \$) TOTALS:					
17. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)					
18. Other Expenses (<i>other than expert, transcripts, etc.</i>)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS Final Payment Interim Payment Number _____ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this case? YES NO If yes, were you paid? YES NO
 Other than from the Court, have you, or to your knowledge has anyone else, received payment (*compensation or anything of value*) from any other source in connection with this representation? YES NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney _____ Date _____

APPROVED FOR PAYMENT — COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE	34a. JUDGE CODE

INSTRUCTIONS FOR CJA FORM 20
APPOINTMENT AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

Read these instructions carefully before completing the form. Accuracy and thoroughness will aid in the prompt payment of the claim. If possible, use a typewriter to complete the form; otherwise, write legibly with a ball point pen (preferably black or dark blue ink). If the form is system generated, Items 1 through 12 and 14 will be preprinted on the form. Attach an itemized statement of the services provided and expenses incurred. Give the date and the number of hours claimed for each service provided. Provide dates for and a description of the expenses incurred. For additional guidance, see the *Guidelines for the Administration of the Criminal Justice Act and Related Statutes (CJA Guidelines)*, Volume VII, *Guide to Judiciary Policies and Procedures*, which is available for reference in the Clerk's office.

Appointed counsel may obtain investigative, expert, and other services necessary for adequate representation in accordance with the procedures set forth in subsection(e) of the Criminal Justice Act (CJA), 18 U.S.C. §3006A. Prior authorization from the presiding judicial officer is required for all such services where the cost, excluding expenses, will exceed \$300. Failure to obtain prior authorization will result in the disallowance of any amount claimed for compensation in excess of \$300, unless the presiding judicial officer, in the interest of justice, finds that timely procurement of necessary services could not await prior authorization. Payment for these services should be claimed directly by the service provider on a CJA Form 21, "Authorization and Voucher for Expert and Other Services."

Vouchers shall be submitted no later than 45 days after the final disposition of the case, unless good cause is shown (Paragraph 2.21A, *cja guidelines*). All payments made pursuant to this claim are subject to post-audit; contemporaneous time and attendance records as well as expense records must be maintained for three years after approval of the final voucher (paragraph 2.32, *cja guidelines*). Any overpayments are subject to collection, including deduction of amounts due from future vouchers

- Item 1. CIR./DIST./DIV. CODE:** This six-character location code is the circuit, district, and divisional office codes of the court where the proceedings for the person represented are held.
- Item 2. PERSON REPRESENTED:** Give the full name of the person whom you were appointed to represent.
- Items 3-6. DOCKET NUMBERS:** Provide the case file or miscellaneous number assigned by the court. Enter the number using the last two digits of the calendar year (YY), the sequential number assigned by the court (NNNNN), and the defendant number (DDD) as shown on the indictment or charging document. Thus, the format of the docket number is YY-NNNNN-DDD. **Note:** If two or more cases are heard or tried together for the person represented, complete a separate voucher for each case in which representation is provided (i.e., for each docket number listed). Prorate the total time among the cases. On supporting documentation, cross reference all related claims for which costs are prorated.
- Item 7. IN CASE/MATTER OF (CASE NAME):** In criminal cases, enter *U.S. vs. Defendant's Name*. If it is a multiple defendant case, give the case cite as provided on the indictment or information (e.g., *U. S. vs. Lead Defendant's Name, et al.*). If the person represented is not a defendant (e.g., material witness), enter the first named defendant in the court's recording of the case. If this is a civil case (e.g., habeas corpus), enter the *Name of the Petitioner vs. the Name of the Respondent* and include the respondent's title. If other than a civil or criminal case (i.e., miscellaneous matters), enter "*In the Matter of*" followed by the *Name of the Person Represented*.

- Item 8. PAYMENT CATEGORY:** Check the appropriate box that establishes the statutory threshold for representation in this case type. If "Other" payment category is checked, specify the category within the scope of the CJA. See paragraph 2.22 B(2) of the *CJA Guidelines*.
- Item 9. TYPE PERSON REPRESENTED:** Check the box that defines the legal status of the person represented.
- Item 10. REPRESENTATION TYPE:** From the list below, select the code that describes the type of representation:

CC A defendant charged in a criminal case with an offense(s) that is a felony, misdemeanor, or petty offense under the United States Code, or an assimilated crime under a state code including ancillary matters.

NT A new trial either directed from the court of appeals on remand or as a result of a mistrial

MA Motion attacking a sentence (28 U.S.C. § 2255)

MC Motion to correct or reduce sentence (Fed. R. Crim. P. 35)

HC Habeas corpus, non-capital (28 U.S.C. § 2254)

BP Bail Presentment

WI Material Witness (in custody)

WW Witnesses (Grand Jury, a Court, the Congress, a Federal Agency, etc.)

PR Probation Revocation

PA Parole Revocation

SR Supervised Release Hearing

EW Extraordinary Writs (Prohibition, Mandamus)

CH Mental Competency Hearings (see Chapter 313 of Title 18 U.S. Code)

PT Pretrial Diversion

EX Extradition Cases (Foreign)

Other (e.g., line ups, consultations, prisoner transfer, etc.)

FOR DEATH PENALTY CASES, USE THE CJA FORM 30 AND APPLICABLE TYPE OF REPRESENTATION CODES

- Item 11. OFFENSE(S) CHARGED:** Cite the U.S. Code, with title and section, or other code citation

of the offense or offenses (list up to five) with which the person represented is charged. If other than a federal code is cited, state the statutory maximum period of confinement authorized for the offense. If a civil matter, such as a habeas corpus representation or a motion attacking sentence, cite 28 U.S.C. § 2254 or 28 U.S.C. § 2255, respectively. For direct appeals from a case disposition, cite the major offense (U.S. Code, title and section) for which the defendant was convicted.

**Items
12/14**

ATTORNEY'S NAME AND MAILING ADDRESS and NAME AND MAILING ADDRESS OF LAW FIRM: Complete Item 12 with the legal name and address of the attorney appointed to represent the person whose name is shown in Item 2. If prior to your appointment for representation, you had a pre-existing agreement with a law firm or corporation, including a professional corporation, indicating that CJA earnings belong to the law firm or corporation, rather than to the court-appointed attorney/payee, provide the name and mailing address of that law firm or corporation in Item 14. This information will allow earnings to be reported to the Internal Revenue Service (IRS) on a 1099 Statement as earnings of the law firm or corporation and not as the earnings of the attorney appointed. *(Note: Information about a pre-existing agreement, including the Taxpayer Identification Number (TIN) of the law firm or corporation, should be provided to the court staff when the attorney is admitted to the panel or at initial appointment to a case.)*

Item 13: COURT ORDER: Check the box that describes the type of counsel appointed. If appointed as a substitute counsel, give the name of the previous counsel and the appointment date. If

Item 15.

Item 16.

Item 17.

must be itemized on a separate sheet, indicating dates the expense was incurred. Attach supporting documentation (receipts, canceled checks, etc.) for all travel expenses. Travel expenses by privately owned automobile, motorcycle, or aircraft should be claimed at the rate in effect for federal employees at the time of travel. For overnight travel, reasonable expenses for lodging and meals will be reimbursed on an actual expense basis; per diem is not allowed. Counsel should be guided by prevailing limitations for travel and subsistence expenses of federal employees. The clerk of court can advise you of applicable rates and federal government travel regulations.

Item 18. OTHER EXPENSES: Itemize all reimbursable out-of-pocket expenses incidental to representation. Provide dates and a brief description of the expense. Enter the total claimed where required on the form. Submit supporting documentation (receipts, canceled checks, etc.) for single item expenses in excess of \$50. Reimbursable expenses may include, in some circumstances, payments to law students or law clerks for legal research and assistance and the cost of computer assisted legal research (CALR) when conducted by counsel. See paragraphs 2.31 and 3.15 of the *CJA Guidelines* for an explanation. The following are not reimbursable expenses, and should not be claimed:

1. General office overhead, such as rent, telephone services, and secretarial services.
2. Expenses for items of a personal nature for the client (e.g., clothes, haircuts).
3. The cost of printing briefs. However, the cost of photocopying or similar copying service is reimbursable.
4. Fact witness fees, witness travel costs, and expenses for service of subpoenas. These expenses are not paid out of the CJA appropriation, but instead are paid by the Department of Justice pursuant to Fed. R. Crim. P. 17, and 28 U.S.C. § 1825. Contact the United States Marshal for payment procedures. See paragraph 3.13 of the *CJA Guidelines* for guidance on payment of witness fees generally.
5. Filing fees. These fees are waived for persons proceeding under the CJA.
6. The cost of allowable investigative, expert, or other services. (See Chapter III of the *CJA Guidelines*). Such services should be requested using a CJA Form 21.
7. Compensation taxes. Taxes paid on attorney compensation, whether based on income, sales or gross receipts are not reimbursable expenses.

Totals: Enter the Grand Totals where required by adding "in-court" and "out-of-court" totals, "travel" and "other expenses."

Item 19. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD OF SERVICE: The person appointed by the court must certify dates of service for the representation. Indicate, where required, the date range for the services claimed on the voucher.

Item 20. APPOINTMENT TERMINATION DATE, IF OTHER THAN CASE COMPLETION: If the appointment is discontinued by order of the court (i.e., substitute counsel or reasons other than disposition of the defendant's case, such as fugitive defendant, appointment of federal defender, or retention of counsel by a defendant), give the effective date for termination of appointment.

Item 21. CASE DISPOSITION: Indicate case disposition for the person represented (e.g., dismissed, convicted/final plea guilty, probation revoked, other, etc.). Select a code from the table below.

	Type of Disposition	Code
District Court Criminal and Other Proceedings	Dismissed	1
	Acquitted by court, or government motion for judgment of acquittal granted	2
	Acquitted by jury	3
	Convicted/final plea guilty	4
	Convicted/final plea nolo	5
	Convicted/court trial	8
	Convicted/jury trial	9
	Mistrial	C
	Not Guilty/insane/court trial	E
	Guilty/insane/court trial	F
	Not guilty/insane/jury trial	G
	Guilty/insane/jury trial	H
	Other (PTD matters, other reps. Transfers)	X
Appeals	Affirmed	A
	Reversed	R
	Remanded	0
	Reversed in Part/Affirmed in Part	RA
	Affirmed in Part/Reversed in Part	AR
	Dismissed	1
Probation/Parole/ Supervised Release	Revoked	RV
	Restored	RS
Habeas/Petitions/Writs	Granted	GR
	Denied	DE

Item 22. CLAIM STATUS: Indicate, by checking the appropriate box, whether the voucher is (1) the final payment for the services, (2) an interim payment, or (3) a supplemental payment (an additional claim submitted after a final payment is made). If an interim payment, indicate the interim payment number. Complete the remaining portion of Item 22, and sign and date the affirmation statement before submitting the claim for court approval.

Items 23-28a. APPROVED FOR PAYMENT: The presiding judicial officer will indicate the amount approved for payment in each category (Items 23 - 26). These amounts will reflect any mathematical and technical adjustments to your claim. The "**TOTAL AMOUNT APPROVED/CERTIFIED**" for payment equals the amount approved in the major categories, less any amounts withheld for an interim payment.

SIGNATURE OF THE PRESIDING JUDICIAL OFFICER: If the total amount approved for payment (both in-court and out-of-court), not including expenses, is less than or equal to the statutory limitation, the claim will be processed for payment. The presiding judicial officer will sign and date the voucher indicating approval of the amount to be paid in Item 27. If compensation exceeds the statutory threshold for the representation, submit a detailed memorandum, supporting and justifying that the representation was provided in a complex or extended case and that the claim for the excess amount is necessary to provide fair compensation. Upon preliminary approval of the claim, the presiding judicial officer will (1) signify approval by circling the word "cert" (for word certified) in Item 27 and (2) forward the voucher to the chief judge of the court of appeals (or delegate) for approval of the excess amount. The **JUDGE CODE** will be provided by the court staff.

Item 29-33. APPROVED FOR PAYMENT: For payments in excess of the statutory limitation, the chief judge for the court of appeals (or delegate) will indicate the amount approved for payment in Items 29 - 32. This amount will reflect any adjustments in your claim resulting from additional technical or mathematical review by the chief judge (or delegate). The chief judge of the court of appeals (or delegate) will indicate the **TOTAL AMOUNT APPROVED** for payment of the claim, less any amounts withheld for an interim payment in Item 33.

Item 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE): Before the claim is paid for the excess amount, the chief judge of the appeals court (or delegate) must sign and date Item 34, approving payment for compensation that exceeds the statutory threshold. If approval is not granted, compensation will be limited to the statutory maximum for the representation and expenses as approved. The **JUDGE CODE** will be provided by the court staff.