

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"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Other <input type="checkbox"/> Habeas <input type="checkbox"/> Appellee                    _____ <input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas <input type="checkbox"/> D3 28 U.S.C. § 2255 <input type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D4 Other _____		
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 \_\_\_\_\_ Z \_\_\_\_\_ 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 \_\_\_\_\_

12. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES ( <i>See Instructions</i> )	13. TYPE OF SERVICE PROVIDER
14. COURT ORDER      Financial eligibility of the person represented having been established to the satisfaction, the authorization requested in Item 11 is hereby granted.  _____ 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 <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
	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	
20 <input type="checkbox"/> Jury Consultant	
21 <input type="checkbox"/> Mitigation Specialist	
22 <input type="checkbox"/> Duplication Services ( <i>See Instructions</i> )	
23 <input type="checkbox"/> Other ( <i>Specify</i> ) _____	
24 _____	

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.

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

**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 \_\_\_\_\_  
 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 \_\_\_\_\_ Date \_\_\_\_\_

**APPROVED FOR PAYMENT — COURT USE ONLY**

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED
23. <input type="checkbox"/> Either the cost ( <i>excluding expenses</i> ) of these services does not exceed \$300, or prior authorization was obtained; OR <input type="checkbox"/> In the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost ( <i>excluding expenses</i> ) _____			
Signature of Presiding Judicial Officer		Date	Judge/Mag. Judge Code

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
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			

**INSTRUCTIONS FOR CJA 31**  
**DEATH PENALTY PROCEEDINGS: *EX PARTE* REQUEST FOR**  
**AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES**

The CJA Form 31 should be used to obtain investigative, expert and other services in all death eligible cases through disposition of the case, regardless whether the death penalty is authorized, not-authorized, or de-authorized.

Read these instructions carefully before completing the form. Accuracy and thoroughness will aid in the prompt payment of the claim. Use a typewriter if possible to complete the form; otherwise, write

**Items 3-6: DOCKET NUMBERS:** Provide the case 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 (NNNN), and the defendant number (DDD), as shown in the indictment or charging document. Thus, the format of the docket numbers is YY-NNNNN-DDD. If two or more cases are heard or tried together for the person represented, complete a separate voucher for each case in which services are provided (i.e., for each docket number listed). Prorate the total time among the cases. On the 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 on the indictment (e.g., *U.S. vs. Lead Defendant's Name, et al*). If this is a habeas corpus proceeding, enter the *Name of the Petitioner vs. the Name of the Respondent* and include the respondent's title.

**Item 8. TYPE PERSON REPRESENTED:** Check the box that defines the legal status of the person represented.

**Item 9. REPRESENTATION TYPE:** Use the CJA Form 31 only if this is a death penalty representation. Check one of the following types of representation:

D1 Habeas corpus (capital) petition pursuant to 28 U.S.C. § 2254, seeking to vacate or set aside a state death sentence;

D2 Federal capital prosecution, either trial or direct appeal;

D3 Habeas corpus (capital) petition pursuant to 28 U.S.C. § 2255, seeking to vacate or set aside a federal death sentence; or

D4 Death penalty prosecution in federal court under a state statute or any authority other than the United States Code.

**Item 10. OFFENSE(S) CHARGED:** If the case is a capital prosecution in federal court, cite the U.S. Code (title and section) or other code citation of all charges, up to five. List all death-eligible offenses first. If this is a direct appeal of a federal prosecution, list all offenses for which the defendant was convicted.

**Item 11. ATTORNEY'S STATEMENT, NAME AND MAILING ADDRESS:** Check the appropriate box to indicate whether the request is for authorization to obtain services, or approval of services already provided. Include, for the services described in Item 12, the total estimated dollar amount for compensation and expenses. Estimate the cost of the services (including expenses) requested, and show the amount where required on the form. Note the basis for compensation (e.g., number of hours of work at hourly rate, number of days at daily rate, or a fixed dollar fee). This statement must be signed and dated by counsel for the person represented (or by the person proceeding pro se). Check the appropriate box to designate the attorney status as an attorney from a legal organization (bar association, legal aid agency, or community defender organization not receiving a periodic sustaining grant under the Criminal Justice Act (CJA), a CJA panel attorney, a retained attorney whose client is unable to afford the cost of the service requested, or a person who qualifies for representation under the CJA but has chosen to proceed *pro se*.

Give the complete legal name, mailing address, and telephone number of the attorney appointed to represent the person whose name is shown in Item 2. Provide the mailing address and telephone number of the attorney.

For cases commenced, and appellate proceedings for which an appeal is perfected, on or after April 24, 1996, all totals for compensation and expenses authorized for investigative, expert, and other services will be included as a part of the statutory threshold. (Payments to counsel for representation is not a part of the statutory threshold.) The court may use this information to help determine whether advance approval should be obtained from the chief judge of the court of appeals (or delegate) in anticipation that the \$7,500 amount for compensation and expenses for investigative, expert, and other services will be exceeded. If the estimated amount has been authorized already, in whole or in part, through a case budgeting process by the court (and by the chief judge of the court of appeals (or delegate) if applicable), attach the appropriate documentation to the first payment voucher submitted.

**Item 12: DESCRIPTION OF AND JUSTIFICATION FOR SERVICES:** Briefly, describe the nature of the services requested and the reason services are necessary to provide adequate representation.

***Procedures for Requesting Psychiatric and Psychological Services.***

If this is a request for an examination by a psychiatrist or psychologist, state whether the purpose of the examination is to determine (1) the current mental state of the person represented, or (2) the mental state at the time of the person's alleged offense. Counsel may request authorization to obtain necessary psychiatric and related services when the purpose of an examination is to assist the defense and counsel wishes to control disclosure of the examination report (i.e., keep it confidential from the court and the prosecution) as well as to select the expert conducting the examination. If the examination is ordered pursuant to a statute, cite the statute (U.S. Code, title and section). See paragraph 3.11 of the *CJA Guidelines* and accompanying chart, "Responsibility for Payment of Psychiatric and Related Expert Services."

In habeas corpus proceedings, payment of fees and expenses of psychiatric examinations for purposes other than representation of the petitioner is not paid from Defender Services funds, but is determined by the rules governing section 2254 cases in the united states district courts and rules governing 2255 cases in the united states courts. In order to avoid confusion and possible delays in payment, the order authorizing the services to be obtained should specify the statutory authority and the agency responsible for payment.

**Item 13: TYPE OF SERVICE PROVIDER:** Check the box that identifies the type of service provider requested. If you check the box "Other," be sure to specify the type of service or service provider. If computer assisted legal research (CALR) is checked, refer to paragraph 3.15 of the *CJA Guidelines* for an explanation of the criteria and procedures for approval of CALR as a necessary service under CJA.

**Item 14: COURT ORDER:** This court order must be signed and dated by the presiding judicial officer. An additional court order is not necessary except for certain psychiatric and psychological examinations as explained in the instructions for Item 12, or to authorize payment for services exceeding \$300 when prior authorization was not obtained (see Item 23). Indicate whether full or partial repayment was ordered by the court from the person represented by checking "Yes" or "No."

**Item 15.**

**STAGE OF PROCEEDING:** Check the box that corresponds to the stage of proceeding for services claimed in Item 16 even if it is anticipated that the work will be used in connection with a later stage of the proceeding. CHECK ONLY ONE BOX. Submit a separate voucher for each stage of proceeding. The stage noted as "Other" under "Other Proceeding" should be

used only for a petition for presidential pardon or clemency, or other proceeding that does not relate to the other described categories.

**Item 16. CLAIM FOR SERVICES AND EXPENSES:**

**COMPENSATION (Item 16a):** Enter the total amount claimed for professional services rendered. On an attachment to the voucher, describe in detail the services provided, including dates of service and the amount of time spent (in hours and tenths of hours). State the basis for the fee claimed (e.g., hourly rate, daily rate, fixed fee).

**TRAVEL EXPENSES (Item 16b):** Travel related expenses that are incidental to providing services (e.g., transportation, lodging, meals, car rental, parking, etc.) must be itemized on a separate sheet, indicating dates the expense was incurred. Attach supporting documentation (receipts, canceled checks, etc.) for 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. Service providers are limited to the travel and subsistence expenses of federal employees. The clerk of court can advise you of applicable rates and federal government travel regulations.

**OTHER EXPENSES (Item 16c):** Itemize all reimbursable out-of-pocket expenses incurred incidental to services provided. Enter the total claimed where required on the form. Submit supporting documentation (receipts, canceled checks, paid invoices, etc.) for all single item expenses in excess of \$50. Do not include general office overhead (e.g., rent, telephone services, secretarial services) as reimbursable expenses. Fees and expenses for consultants in death penalty cases should be claimed on this form.

The columns under "**FOR COURT USE ONLY**" will reflect any mathematical and technical adjustments to the claim during the judicial approval process or changes during a required additional review of the chief judge of the court of appeals (or delegate).

**Item 17. PAYEE'S NAME AND MAILING ADDRESS, CLAIMANT'S CERTIFICATION OF SERVICE PERIOD AND CLAIM STATUS:** Provide the complete name and address of the person to be paid (claimant). The claimant must certify the dates covered by indicating the date range for services rendered. Check the box to indicate whether this is (1) a final payment for services, (2) an interim payment, or (3) a supplemental payment (an additional claim submitted after a final payment). If this is an interim payment, indicate the interim payment number. The claimant or payee must sign and date the payment certification statement prior to submitting the claim to the attorney for certification that the services were rendered and received. Provide the Taxpayer Identification Number (TIN) to report these earnings to the Internal Revenue Service (IRS).

**Item 18. CERTIFICATION OF ATTORNEY:** This section must be completed by the attorney appointed to provide representation, a retained attorney whose client is unable to afford cost of the services requested, or by a person proceeding *pro se* under the CJA.

**Items 19-22. APPROVED FOR PAYMENT -- COURT'S USE ONLY:** The presiding judicial officer must review for reasonableness and compliance with the *CJA Guidelines* every claim for compensation and any reimbursement for expenses incurred. After review, the judicial officer will indicate the amount approved for payment in each of the payment categories. These amounts will reflect any mathematical and technical adjustments made to the claim.

The "**TOTAL AMOUNT APPROVED/CERTIFIED**" (Item 22) is the amount approved

for payment of the claim, less any amounts withheld in accordance with an interim payment order. If the amount exceeds the statutory threshold, including expenses, the presiding judicial officer certifies the excess compensation for payment approval of the chief judge of the court of appeals (or delegate), by circling the word "certified" and indicating the amount approved in Item 22).

**Item 23. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER:** The presiding judicial officer must check the appropriate box to indicate (1) either the cost, excluding expenses, does not exceed \$300, or prior authorization was obtained; or (2) in the interest of justice, the court finds that timely procurement of the services could not await prior authorization, even though the cost, excluding expenses, exceeds \$300. The presiding judicial officer will sign and date Item 23, indicating approval/certification of the amount in Item 22. The court will provide the **JUDGE CODE**.

**Items 24-27. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD:** The chief judge of the court of appeals (or delegate) will indicate the amount approved for payment in each of the payment categories (Items 24 -26). This amount will reflect any adjustments of your claim resulting from the additional review of claims by the chief judge (or delegate) for amounts that exceed the statutory threshold for the payment category of the case. The chief judge (or delegate) will sign and date Item 28 for the total amount approved and entered in Item 27. The **JUDGE CODE** of the chief judge (or delegate) approving the excess compensation will be provided by the court staff.

**Item 28. FOR CASES COMMENCED, AND APPELLATE PROCEEDINGS FOR WHICH AN APPEAL IS PERFECTED, ON OR AFTER APRIL 24, 1996.** The presiding judicial officer should sign and date Item 28, indicating, in paragraph A of Item 28, the total amount paid for compensation and expenses for investigative, expert and other service providers on behalf of the person represented in this case, and that payment in excess of the statutory threshold is approved.

Complete Item 28 only for cases commenced, and appellate proceedings for which an appeal is perfected, on or after April 24, 1996. If the amount approved for compensation and expenses for investigative, expert, and other services on behalf of the person represented in a case is less than or equal to \$7,500, the claim will be forwarded to the clerk of court for processing for payment. Upon preliminary approval of a claim in excess of \$7,500 (including other claims for investigative, expert, and other services on behalf of the person represented), the presiding judicial officer will (1) signify approval of the excess amount under 21 U.S.C. § 848(q)(10)(B) by circling "Certification" in Item 22. If the chief judge (or delegate) approves the excess amount, the judge will enter the amount approved for payment in Item 27, sign and date Item 28. If approval is not granted, the claim will be returned to the presiding judicial officer for appropriate action.