

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. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Other ( <i>Specify</i> ) <input type="checkbox"/> Appellant		9. REPRESENTATION TYPE <input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D4 Other ( <i>Specify</i> ) <input type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D7 State Clemency <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <input type="checkbox"/> D8 Federal Clemency	
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: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. ( <i>See Instructions</i> )  Signature of Attorney _____ Date _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME ( <i>First Name, M.I., Last Name, including any suffix</i> ), AND MAILING ADDRESS _____  Telephone Number: _____	
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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    17 <input type="checkbox"/> Hair/Fiber Expert 02 <input type="checkbox"/> Interpreter/Translator    18 <input type="checkbox"/> Computer (Hardware/ Software/Systems) 03 <input type="checkbox"/> Psychologist    19 <input type="checkbox"/> Paralegal Services 04 <input type="checkbox"/> Psychiatrist    20 <input type="checkbox"/> Legal Analyst/Consultant 05 <input type="checkbox"/> Polygraph    21 <input type="checkbox"/> Jury Consultant 06 <input type="checkbox"/> Documents Examiner    22 <input type="checkbox"/> Mitigation Specialist 07 <input type="checkbox"/> Fingerprint Analyst    23 <input type="checkbox"/> Duplication Services 08 <input type="checkbox"/> Accountant    24 <input type="checkbox"/> Other ( <i>Specify</i> ) 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)    25 <input type="checkbox"/> Litigation Support 10 <input type="checkbox"/> Chemist/Toxicologist    Services 11 <input type="checkbox"/> Ballistics    26 <input type="checkbox"/> Computer Forensics 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert    Expert 14 <input type="checkbox"/> Pathologist/Medical Examiner 15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst																																					
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. <table border="0"><tr><td colspan="2"><u>CAPITAL PROSECUTION</u></td><td colspan="2"><u>HABEAS CORPUS</u></td><td colspan="2"><u>OTHER PROCEEDING</u></td></tr><tr><td>a. <input type="checkbox"/> Pre-Trial</td><td>e. <input type="checkbox"/> Appeal</td><td>g. <input type="checkbox"/> Habeas Petition</td><td>k. <input type="checkbox"/> Petition for the</td><td>l. <input type="checkbox"/> Stay of Execution</td><td>o. <input type="checkbox"/> Other (<i>Specify</i>)</td></tr><tr><td>b. <input type="checkbox"/> Trial</td><td>f. <input type="checkbox"/> Petition for the</td><td>gg. <input type="checkbox"/> State Court Appearance</td><td>U.S. Supreme Court</td><td>m. <input type="checkbox"/> Appeal of Denial of Stay</td><td></td></tr><tr><td>c. <input type="checkbox"/> Sentencing</td><td>U.S. Supreme Court</td><td>h. <input type="checkbox"/> Evidentiary Hearing</td><td>Writ of Certiorari</td><td>n. <input type="checkbox"/> Petition for Writ of</td><td>p. <input type="checkbox"/> Clemency</td></tr><tr><td>d. <input type="checkbox"/> Other Post Trial</td><td>Writ of Certiorari</td><td>i. <input type="checkbox"/> Dispositive Motions</td><td></td><td>Supreme Court Regarding</td><td></td></tr><tr><td></td><td></td><td>j. <input type="checkbox"/> Appeal</td><td></td><td>Denial of Stay</td><td></td></tr></table>				<u>CAPITAL PROSECUTION</u>		<u>HABEAS CORPUS</u>		<u>OTHER PROCEEDING</u>		a. <input type="checkbox"/> Pre-Trial	e. <input type="checkbox"/> Appeal	g. <input type="checkbox"/> Habeas Petition	k. <input type="checkbox"/> Petition for the	l. <input type="checkbox"/> Stay of Execution	o. <input type="checkbox"/> Other ( <i>Specify</i> )	b. <input type="checkbox"/> Trial	f. <input type="checkbox"/> Petition for the	gg. <input type="checkbox"/> State Court Appearance	U.S. Supreme Court	m. <input type="checkbox"/> Appeal of Denial of Stay		c. <input type="checkbox"/> Sentencing	U.S. Supreme Court	h. <input type="checkbox"/> Evidentiary Hearing	Writ of Certiorari	n. <input type="checkbox"/> Petition for Writ of	p. <input type="checkbox"/> Clemency	d. <input type="checkbox"/> Other Post Trial	Writ of Certiorari	i. <input type="checkbox"/> Dispositive Motions		Supreme Court Regarding				j. <input type="checkbox"/> Appeal		Denial of Stay	
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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 ( <i>First Name, M.I., Last Name, including any suffix</i> ), AND MAILING ADDRESS _____  TIN: _____  Telephone Number: _____  CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> 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 ( <i>compensation or anything of value</i> ) from any other source for these services. Signature of Claimant/Payee _____ Date _____	
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18. CERTIFICATION OF ATTORNEY    I hereby certify that the services were rendered for this case. Signature of Attorney _____ Date _____
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**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 total cost ( <i>excluding expenses</i> ) of all services combined does not exceed \$800, 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> ) exceeds \$800.  Signature of Presiding Judge _____ Date _____ 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 18 U.S.C. § 3599(g)(2).  Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____			