✎CJA 31 DEATH PENALTY PROCEEDINGS: EX PARTE REQUEST FOR AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 9/05)

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 *(Case Name)*

8. TYPE PERSON REPRESENTED
☐ Adult Defendant ☐ Appellant ☐ Other
☐ Habeas Petitioner ☐ Appellee

9. REPRESENTATION TYPE
☐ D1 28 U.S.C. § 2254 Habeas (Capital) ☐ D3 28 U.S.C. § 2255 (Capital)
☐ D2 Federal Capital Prosecution ☐ D4 Other (Specify) _____

10. 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.*

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 *(See Instructions)*

13. TYPE OF SERVICE PROVIDER

01	☐ Investigator	15	☐ Other Medical
02	☐ Interpreter/Translator	16	☐ Voice/Audio Analyst
03	☐ Psychologist	17	☐ Hair/Fiber Expert
04	☐ Psychiatrist	18	☐ Computer (Hardware/ Software/Systems)
05	☐ Polygraph		
06	☐ Documents Examiner	19	☐ Paralegal Services
07	☐ Fingerprint Analyst	20	☐ Legal Analyst/Consultant
08	☐ Accountant	21	☐ Jury Consultant
09	☐ CALR (Westlaw/Lexis, etc.)	22	☐ Mitigation Specialist
10	☐ Chemist/Toxicologist	23	☐ Duplication Services *(See Instructions)*
11	☐ Ballistics		
13	☐ Weapons/Firearms/Explosive Expert	24	☐ Other *(Specify)*
14	☐ Pathologist/Medical Examiner		

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.

☐ YES ☐ NO

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.

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

CLAIM FOR SERVICES AND EXPENSES / FOR COURT USE ONLY

16. SERVICES AND EXPENSES *(Attach itemization of services with dates)*	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses *(lodging, parking, meals, mileage, etc.)*			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):	$0.00	$0.00	

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
			$0.00

23 ☐ Either the cost *(excluding expenses)* of these services does not exceed $500, 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 $500.

Signature of Presiding Judge _____ Date _____ Judge Code _____

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
			$0.00

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 _____

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