

CJA FORM 20 PAYMENT RECOMMENDATION SHEET -- DISTRICT COURT

To: _____

From: _____

Date: _____

Case Name: _____

Docket #: _____ Voucher #: _____

Co-defendants with court-appointed counsel: ___ Yes ___ No.

If yes, number ____.

Applicable case compensation maximum: ___\$5,200 ___\$1,500 ___\$1200

Recommend certification for payment in excess of the case compensation
maximum: ___ Yes ___ No

Recommend approval: ___ As requested ___ As modified (see chart)

Use the cursor to move between boxes.	AMOUNT CLAIMED		RECOMMENDATION	
	Hours	\$ Amount	Hours	\$ Amount
In-Court Compensation (Rate per hour = \$)				
Arrest and/or plea				
Bail and Detention Hearings				
Motions Hearings				
Trial				
Sentence Hearings				
Revocation Hearings				
Other				
Total (Item 17A of the CJA 20)				
Out-of-Court Compensation (Rate per hour = \$)				
Interviews and conferences				
Obtaining and reviewing records				
Legal research and brief writing				
Travel time				
Investigative and other work				
Total (Item 18A of the CJA 20)				
Total Travel Expenses (Item 19A of the CJA 20)	\$		\$	
Total Other Expenses (Item 19B of the CJA 20)	\$		\$	
Grand Total (Item 20 of the CJA 20)	\$		\$	

CJA 28 (6/96)

REMARKS: