

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

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.*

REQUEST AND AUTHORIZATION FOR TRANSCRIPT

12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (*Describe briefly*)

13. PROCEEDING TO BE TRANSCRIBED (*Describe specifically*). *NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14).*

14. SPECIAL AUTHORIZATIONS	JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (<i>Give case name and defendant</i>)	
B. <input type="checkbox"/> 14-Day Transcript <input type="checkbox"/> 7-Day <input type="checkbox"/> 3-Day <input type="checkbox"/> Next-Day <input type="checkbox"/> 2-Hour <input type="checkbox"/> Realtime Unedited	
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions	
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.	

15. ATTORNEY'S STATEMENT

As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.

Signature of Attorney

Date

Printed Name

Telephone Number

Panel Attorney Retained Attorney Pro-Se Legal Organization

16. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.

Signature of Presiding Judge or By Order of the Court

Date of Order

Nunc Pro Tunc Date

CLAIM FOR SERVICES

17. COURT REPORTER/TRANSCRIBER STATUS

Official Contract Transcriber Other

18. PAYEE'S NAME AND MAILING ADDRESS

Name

Address

19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE

Telephone Number: _____

20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original						
Copy						
Expense (<i>Itemize</i>)						

TOTAL AMOUNT CLAIMED: _____

21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED

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 _____

ATTORNEY CERTIFICATION

22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.

Signature of Attorney or Clerk

Date

APPROVED FOR PAYMENT — COURT USE ONLY

23. APPROVED FOR PAYMENT	24. AMOUNT APPROVED
_____ Signature of Judge or Clerk of Court	_____ Date