

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"/> Appellee <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Other (<i>Specify</i>) <input type="checkbox"/> Appellant		<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:
 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 (<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.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 25 <input type="checkbox"/> Litigation Support Services 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 26 <input type="checkbox"/> Computer Forensics Expert 13 <input type="checkbox"/> Pathologist/Medical Examiner 14 <input type="checkbox"/> Other Medical 15 <input type="checkbox"/> Voice/Audio Analyst 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.

CAPITAL PROSECUTION a. <input type="checkbox"/> Pre-Trial e. <input type="checkbox"/> Appeal b. <input type="checkbox"/> Trial f. <input type="checkbox"/> Petition for the U.S. Supreme Court c. <input type="checkbox"/> Sentencing g. <input type="checkbox"/> Habeas Petition h. <input type="checkbox"/> Evidentiary Hearing d. <input type="checkbox"/> Other Post Trial i. <input type="checkbox"/> Dispositive Motions j. <input type="checkbox"/> Appeal	HABEAS CORPUS k. <input type="checkbox"/> Petition for the U.S. Supreme Court Writ of Certiorari 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	OTHER PROCEEDING o. <input type="checkbox"/> Other (<i>Specify</i>) p. <input type="checkbox"/> Clemency
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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			
GRAND TOTALS (CLAIMED AND ADJUSTED):			

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
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23. Either the total cost (*excluding expenses*) of all services combined does not exceed \$800, 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 \$800.

Signature of Presiding Judge _____ Date _____ Judge Code _____

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