

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 5/99)

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

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. ___ Expedited ___ Daily ___ Hourly Transcript ___ Realtime Unedited Transcript	
C. ___ Prosecution Opening Statement ___ Prosecution Argument ___ Prosecution Rebuttal ___ Defense Opening Statement ___ Defense Argument ___ Voir Dire ___ Jury Instructions	
D. In this multi-defendant case, commercial duplication of transcript 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 named above, I hereby affirm that the transcript request 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 Judicial Officer 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 *(First Name, M.I., Last Name, including any suffix)*, AND MAILING 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						
Expenses <i>(Itemize)</i>						
TOTAL AMOUNT CLAIMED:						

21. CLAIMANT'S CERTIFICATION OF SERVICES 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/Clerk _____ Date _____

APPROVED FOR PAYMENT

23. APPROVED FOR PAYMENT	24. AMOUNT APPROVED
Signature of Judicial Officer/Clerk of Court _____ Date _____	