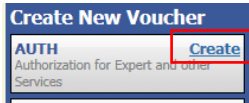


Requesting Additional Funds on a CJA case

Step 1



Starting November 6th, 2017, there is a new method to request additional funds for a service provider who has already been authorized. After clicking on Create Auth on the appointment page, click **Request Additional Funds**.

1. CR. DIST. DIV. CODE 0270	2. PERSON REPRESENTED eVoucher 5.1	3. VOUCHER NUMBER	
3. MAG. DKT. DEF. NUMBER	4. DIST. DKT. DEF. NUMBER S:17, CR:12345, 17, JK	5. APPEALS DKT. DEF. NUMBER	6. OTHER DKT. DEF. NUMBER
7. IN CASE MATTER OF (Case Name) US v. eVoucher et al	8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Criminal Case
11. OFFENSE(S) CHARGED 25.5601.F UNLAWFUL PRODUCTION OF DISTILLED SPIRITS			
12. ATTORNEY'S NAME AND MAILING ADDRESS Fictional Attorney 101 sw main st portland OR 97204 Phone: 3033262123		13. COURT ORDER <input type="checkbox"/> A Associate <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> D Federal Defender <input type="checkbox"/> F Subs for Federal Defender <input type="checkbox"/> L Learned Counsel (Capital Only) <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> R Subs for Retained Attorney <input type="checkbox"/> S Pro Se <input type="checkbox"/> T Retained Attorney <input type="checkbox"/> U Subs for Pro Se <input type="checkbox"/> X Administrative <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name Appointment Dates Signature of Presiding Judge or By Order of the Court Just Kidding Date of Order: 11/1/2017 Nunc Pro Tunc Date: 10/3/2017 Repayment: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14. LAW FIRM NAME AND MAILING ADDRESS			

Authorization Type Selection

You can click the **Create New Authorization** button to create a new authorization request, or click the **Request Additional Funds** button to select from a list of approved authorizations that you would like to request additional funds for.

Create New Authorization
Use this button to create a new authorization.

Request Additional Funds
Use this button to select an approved authorization that you would like to request additional funds for.

Please Select the Authorization to request additional funds for:

ID Number: 497601	Service Type: Investigator
Order Date: 11/01/2017	Estimated Amount: \$7,500.00
Authorized Amount: \$7,500.00	Notes: Fictional Expert
Grand Total Amount: \$0.00	

Request for Additional Funds on existing Authorization

Step 2

A list of all closed authorizations appears for this representation and appointment. **Select the authorization** that needs to be increased by clicking on it.

Authorization Type Selection

You can click the **Create New Authorization** button to create a new authorization request, or click the **Request Additional Funds** button to select from a list of approved authorizations that you would like to request additional funds for.

Create New Authorization
Use this button to create a new authorization.

Request Additional Funds
Use this button to select an approved authorization that you would like to request additional funds for.

Please Select the Authorization to request additional funds for:

ID Number: 497601	Service Type: Investigator
Order Date: 11/01/2017	Estimated Amount: \$7,500.00
Authorized Amount: \$7,500.00	Notes: Fictional Expert
Grand Total Amount: \$0.00	

Request for Additional Funds on existing Authorization

Order Date:

Nunc Pro Tunc Date:

Repayment:

Estimated Amount: \$ 3750.00 *

Authorized Amount: \$ Deactivated

Basis of Estimate: 50hrs @ \$75/hr

Description:

Service Type: Investigator *

Notes: Fictional Expert

The Service Type and Notes from the Master Authorization are imported when you click on it. Enter in the **additional** amount requested in the Estimated Amount field and include the math such as 50hrs @ \$75/hr in the Basis of Estimate box. Click **Create Authorization** and complete as normal by including the declaration as a document and submitting.

The **Total Approved Amount** will only update once any additional Auths are completely processed. This includes where it shows up on Auths, CJA21s, and CJA31s. Be sure to communicate with your service providers about funding levels.

CJA-21
Voucher Entry
Basic Info | Services | Expenses | Claim Status | Documents | Confirmation

Def.: eVoucher 5.1

[Link to CM/ECF](#)

Voucher #:
 Start Date:
 End Date:

Summary: \$0.00

Services	Totals
Travel	\$0.00
Expense Type	Amount
Travel Miles	\$0.00
Travel Misc	\$0.00
Totals	\$0.00
Expenses	Amount
FAX	\$0.00
Long Distance Charges	\$0.00
Photocopies	\$0.00
Postage	\$0.00
Other Expenses	\$0.00
Totals	\$0.00

Tasks

[Link To Appointment](#)

[Link To Representation](#)

[Link to Authorization](#)

Reports

[Defendant Summary Report](#)

Shows total amount authorized and fees paid or pending for this defendant in the case.

Basic Info

1. CIR. DIST. DIV. CODE 0979	2. PERSON REPRESENTED eVoucher 5.1	VOUCHER NUMBER	
3. MAG. DKT. DEF. NUMBER	4. DIST. DKT. DEF. NUMBER 5:17-CR-12345-17-JK	5. APPEALS. DKT. DEF. NUMBER	6. OTHER. DKT. DEF. NUMBER
7. IN CASE MATTER OF (Case Name) US v. eVoucher et al	8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Criminal Case

11. OFFENSE(S) CHARGED
26-5601 F UNLAWFUL PRODUCTION OF DISTILLED SPIRITS

12. ATTORNEY'S STATEMENT
As the attorney for the person represented above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:
 Authorization to obtain the service. Estimated compensation: \$7500.00
 Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation.

Signature of Attorney
Fictional Attorney
101 sw main st
portland OR 97204
Phone: 5033261123

13. DESCRIPTION AND JUSTIFICATION FOR SERVICES(See instructions) 100 hrs @ \$75/hr	14. TYPE OF SERVICE PROVIDER <input type="checkbox"/> 01 Investigator <input type="checkbox"/> 15 Other Medical <input type="checkbox"/> 02 Interpreter/Translator <input type="checkbox"/> 16 Voice/Audio Analyst <input type="checkbox"/> 03 Psychologist <input type="checkbox"/> 17 Hair/Fiber Expert <input type="checkbox"/> 04 Psychiatrist <input type="checkbox"/> 18 Computer (Hardware/Software/Systems) <input type="checkbox"/> 05 Polygraph <input type="checkbox"/> 19 Paralegal Services <input type="checkbox"/> 06 Document Examiner <input type="checkbox"/> 20 Legal Analyst/Consultant <input type="checkbox"/> 07 Fingerprint Analyst <input type="checkbox"/> 21 Jury Consultant <input type="checkbox"/> 08 Accountant <input type="checkbox"/> 22 Mitigation Specialist <input type="checkbox"/> 09 CALR (Westlaw/Lexis, etc.) <input type="checkbox"/> 23 Duplication Services <input type="checkbox"/> 10 Chemist/Toxicologist <input type="checkbox"/> 24 Other (Specify) <input type="checkbox"/> 11 Ballistics <input type="checkbox"/> 25 Litigation Support Services <input type="checkbox"/> 12 Weapons/Firearms/Explosive Expert <input type="checkbox"/> 26 Computer Forensics Expert <input type="checkbox"/> 14 Pathologist/Medical Examiner
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15. COURT ORDER
Financial eligibility of the person represented having been established by the court's satisfaction, the authorization requested in item 12 is hereby granted.
 Signature of Presiding Judge or By Order of the Court
 Just Kidding
 Date of Order: 11/03/2017 Name: Pro Tunc Date
 Repayment: YES NO

NOTES
Fictional Expert

Signature of Presiding Judge	Date Signed	Judge Code	Approved Amount	Total Approved Amount
Signature of Chief Judge, Court of Appeals (or Delegate)	Date Signed	Judge Code	Approved Amount	11250.00