

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF IOWA

No. 11 AO 0006 - P

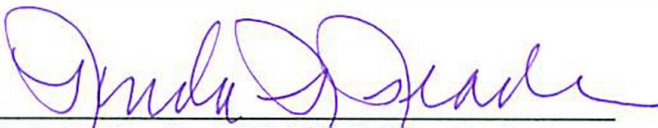
IN RE

ADVANCE AUTHORIZATION OF
EXPENDITURES FOR
INVESTIGATIVE, EXPERT, OR
OTHER SERVICES

ADMINISTRATIVE ORDER

IT IS HEREBY ORDERED that any attorney or party intending to retain investigative, expert, or other services to assist in the defense of a criminal case, with the expectation that the cost of the services be paid for or reimbursed by the government under the Criminal Justice Act, are to follow the procedures described in the attachment to this Order.

DONE AND ORDERED this 9th day of November, 2011.



Linda R. Reade, Chief U.S. District Judge
UNITED STATES DISTRICT COURT

Advance Authorization of Expenditures for Investigative, Expert, or Other Services

Approval Required: Title 18 U.S.C. 3006A(e)(1) provides that counsel for an indigent defendant may, in an *ex parte* application, request “investigative, expert, or other services necessary for adequate representation.” A district judge, and not a magistrate judge, must approve such requests unless “the services are required in connection with a matter over which [the magistrate judge] has jurisdiction.” *Id.* The practical effect of this is that almost all such requests must be approved by a district judge and not a magistrate judge.

Cost of Services will not exceed \$800: If the cost of the services will not exceed \$800, prior approval is not required. § 3006A(e)(2)(A). However, since the need for the services and the bill are subject to later review by the court, such requests should be made in advance whenever possible.

Cost of Services will exceed \$800: If the cost of the services will exceed \$800, the request must be made in advance. If prior approval has not been obtained, the court can approve an expenditure after the fact if the court finds that the expenditure was in the “interest of justice” and that “timely procurement of [the services] could not await prior authorization.” § 3006A(e)(2)(B). It is the rare case, however, where advance authorization cannot be obtained.

Cost of Services will exceed \$2,400: Expenditures exceeding \$2,400 will not be paid unless the court certifies that payment in excess of that limit is “necessary to provide fair compensation for services of an unusual character or duration,” and “the amount of the excess payment is approved by the chief judge of the circuit.” § 3006A(e)(3).

CJA form 21 and Addendum Form. CJA form 21, entitled “Authorization and Voucher for Expert and Other Services,” must be used to request authorization and payment for these services. A copy of this form is attached. In completing the form, instead of putting a “Description” in Block 13, it should state “See Addendum,” and the attached “Addendum” should be completed and submitted with the form (unless the request is for routine interpreting services costing \$800 or less, in which case the Addendum does not have to be completed). The CJA form 21 and the Addendum must be submitted together to the Clerk of Court. The Clerk of Court will transmit the forms to the appropriate judicial officer.

Forms Available on Website: Both the CJA form 21 and the Addendum form are available for downloading from the court’s website at www.iand.uscourts.gov.

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 04/11)

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 (Case Name)	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 (See Instructions)

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 EXPERT SERVICES

12. 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. (Note: Prior authorization should be obtained for services in excess of \$800, excluding expenses)
 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: _____

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)	14. TYPE OF SERVICE PROVIDER (See Instructions) <table style="width:100%; border: none;"> <tr> <td>01 <input type="checkbox"/> Investigator</td> <td>17 <input type="checkbox"/> Hair/Fiber Expert</td> </tr> <tr> <td>02 <input type="checkbox"/> Interpreter/Translator</td> <td>18 <input type="checkbox"/> Computer (Hardware/Software/Systems)</td> </tr> <tr> <td>03 <input type="checkbox"/> Psychologist</td> <td>19 <input type="checkbox"/> Paralegal Services</td> </tr> <tr> <td>04 <input type="checkbox"/> Psychiatrist</td> <td>20 <input type="checkbox"/> Legal Analyst/Consultant</td> </tr> <tr> <td>05 <input type="checkbox"/> Polygraph</td> <td>21 <input type="checkbox"/> Jury Consultant</td> </tr> <tr> <td>06 <input type="checkbox"/> Documents Examiner</td> <td>22 <input type="checkbox"/> Mitigation Specialist</td> </tr> <tr> <td>07 <input type="checkbox"/> Fingerprint Analyst</td> <td>23 <input type="checkbox"/> Duplication Services</td> </tr> <tr> <td>08 <input type="checkbox"/> Accountant</td> <td>24 <input type="checkbox"/> Other (Specify) _____</td> </tr> <tr> <td>09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)</td> <td>25 <input type="checkbox"/> Litigation Support Services</td> </tr> <tr> <td>10 <input type="checkbox"/> Chemist/Toxicologist</td> <td>26 <input type="checkbox"/> Computer Forensics Expert</td> </tr> <tr> <td>11 <input type="checkbox"/> Ballistics</td> <td></td> </tr> <tr> <td>13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert</td> <td></td> </tr> <tr> <td>14 <input type="checkbox"/> Pathologist/Medical Examiner</td> <td></td> </tr> <tr> <td>15 <input type="checkbox"/> Other Medical</td> <td></td> </tr> <tr> <td>16 <input type="checkbox"/> Voice/Audio Analyst</td> <td></td> </tr> </table>	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 (Specify) _____	09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)	25 <input type="checkbox"/> Litigation Support Services	10 <input type="checkbox"/> Chemist/Toxicologist	26 <input type="checkbox"/> Computer Forensics Expert	11 <input type="checkbox"/> Ballistics		13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert		14 <input type="checkbox"/> Pathologist/Medical Examiner		15 <input type="checkbox"/> Other Medical		16 <input type="checkbox"/> Voice/Audio Analyst	
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15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 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																															

CLAIM FOR SERVICES AND EXPENSES	FOR COURT USE ONLY		
16. SERVICES AND EXPENSES (Attach itemization of services with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):	\$0.00	\$0.00	

17. PAYEE'S NAME 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 \$0.00
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23. Either the cost (excluding expenses) of these services does not exceed \$800, or prior authorization was obtained.
 Prior authorization was not obtained, but 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 \$0.00
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28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(c)(3)
 Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____

Case name and number: _____

ADDENDUM to CJA form 21
[Block 13-DESCRIPTION AND JUSTIFICATION FOR SERVICES]

Name and address of investigator, expert, or other service provider:

Type of service (e.g., investigative, accounting, chemical analysis, psychiatric):

Explain what it is about this case that makes these services necessary or helpful:

Give a specific description of what you expect the investigator, expert, or other service provider to do to help you prepare your case, stating how much time you expect the service provider to spend completing each assigned task: _____

Describe in detail what you hope to accomplish by retaining these services, giving a description of the nature of the evidence and/or testimony you hope to develop as a result of the requested expenditure: _____

State why the attorney cannot perform these services without retaining an investigator, expert, or other service provider: _____

Describe your efforts to obtain the services of the investigator, expert, or other service provider at a lower cost: _____

If the investigator, expert, or other service provider is not from the community where court will be held, describe your efforts to obtain these services locally: _____

How much has already been expended on investigators, experts, and other service providers in this case:

\$ _____

Estimated additional cost for the requested services:

\$ _____

Estimated **total amount** of both the amounts already expended on investigators, experts, and other service providers in this case, plus the additional cost for the requested services:

\$ _____