

**SUBMITTING AND PRINTING THE COMPLETED AUTOMATED CJA 20 VOUCHER**

Once all the relevant data has been input on the Services and Expenses tabs and all information/dates have been checked for accuracy you should now go to the Voucher tab and fill in the following information not generated :  
by the Service and Expense information

BOX 1

1. CIR./DIST./DIV. CODE
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**MOED**

BOX 8  
check  
correct  
category

8. PAYMENT CATEGORY	
<input checked="" type="checkbox"/> Felony	Petty Offense
Misdemeanor	Other
Appeal	

BOX 9  
check  
correct  
category

9. TYPE PERSON REPRESENTED	
<input checked="" type="checkbox"/> Adult Defendant	Appell Appellant
Juvenile Defendant	Appell Appellee
Other	

BOX 10  
Fill in  
rep type

10. REPRESENTATION TYPE
<i>(See Instructions)</i>
<b>CC or SRV</b>

BOX 12  
add  
address  
phone  
number

12. ATTORNEY'S NAME <i>(First Name, M.I., Last Name, including any suffix).</i> AND MAILING ADDRESS	
Jo Attorney	
<b>111 S. 11th</b>	
<b>St. Louis, MO 63102</b>	
Telephone Number:	<b>(314) 243-7801</b>

**THIS DATA CAN BE PROVIDED BY THE COURT WHEN VOUCHER IS SUBMITTED BUT NOTE THAT THE APPOINTMENT DATE OR 'NUNC PRO TUNC DATE IS ALWAYS THE FIRST SERVICE DATE**

<b>BOX 13</b> This Data can be added by the court by attaching to the submitted voucher the signed CJA Appt. or the order appointing	<b>13. COURT ORDER</b>		
	<input checked="" type="checkbox"/> <b>Appointing Counsel</b>	<input type="checkbox"/> <b>Co-Counsel</b>	
	<input type="checkbox"/> <b>Subs For Federal Defender</b>	<input type="checkbox"/> <b>Subs For Retained Attorney</b>	
	<input type="checkbox"/> <b>Subs For Panel Attorney</b>	<input type="checkbox"/> <b>Standby Counsel</b>	
	Prior Attorney's Name: _____ Appointment Dates: _____		
	Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR Other <i>(See Instructions)</i>		
_____ Signature of Presiding Judge or By Order of the Court		_____ Date of Order	
Repayment or partial repayment ordered from the person represented for this at time of appointment.		_____ Nunc Pro Tunc Date	

<b>BOX 14</b> (optional)	14. NAME AND MAILING ADDRESS OF LAW FIRM <i>(Only provide per instructions)</i>
	Jo Attorney <b>ADD LAW FIRM IF NECESSARY</b>  <b>note: CJA only pays Attorneys, If the LAW FIRM is added in this area the 1099 will go to the firm but the Check will be sent in the name of the attorney always.</b>

<b>BOX 22</b> complete sign and date	22. CLAIM STATUS			
		Final Payment	Interim Payment	Supplemental Payment
	Have you previously applied to the court for compensation and or reimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the Court, have you, or to your knowledge has anyone else,(compensation or anything of value) from any other source in connection with this representation? YES NO if yes, give details on additional sheets			





