

CJA 21 – Expert Service – < \$800 - No Authorization Needed

Select "No Authorization Required"

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Len.i	ST/DEV.CODE 2. PERSON RE	RESENTED		VOUCHER NUMBER	7
Link to CM/ECF 3 MAG. D	KT/DEF NUMBER 4. DEST. DKT/D 1-14. CP. 001	EF NUMBER	5. APPEALS, DKT/DEF NUMBER	6 OTHER DKT DEF NUMBER	1
Voucher #: 7.IN CAS	E-MATTER OF(Case Name) 8. PAYMENT C	ATEGORY	9. TYPE PERSON REPRESENTED	10. REPRESENTATION TYPE	1
Start Date: USA v. V End Date:	Vain of alleged felo	ang pro-mai deversion	Adult Defendant	Criminal Case	4
Summary: \$0.00	SE(5) CHARGED :846=CD.F; CONSPIRACY TO MANUF	ACTURE 50 GRAMS	OR MORE OF METHAMPHETAN	dine	_
Services S9,900.00	EE LIMIT PRESIDENG J 0 William O W	icha	MAGISTRATE JUDGE Carla K Martinez	DESIGNEE	
Totals \$0.00	horization Selecti	on			
Expense Type Amount You can s	elect a Previous Authorization Reque	st, request a New Auti	norization or click the "No Authoriz	zation Required" button if under t	he
Travel Mies \$0.00 Statutory Travel Mac \$0.00 No. Aut	thorization Required New	Voucher Inform	ation		
Expenses If your v	voucher compensation is under serv	ke Type	Interpreter Translator	• •	
FAX \$0.00 Prior aut	thorization.		Interpreter needed for client into	erview.	
Long Distance Charges \$0.00 Photocopies \$0.00 Select th	revious Authorization Description to display a list of	ription			
Other Expenses \$0.00 this appoint	s authorizations and requests in ointment.			×	
	Vou This i	ther Assignment indicates who will be resp	O Attorney C Expert onsible for filing the voucher claim part	rt	
Reports	Ser	rice Provider			
Defendant Summary Budget Report	You OR 1	can search one of the se ou can enter the require	rvice providers already in the system d information for another provider		
Totals only of budget info for defendant	Exp	ert Angel, Maria	Laura 💌		
Defendent Detail Burnet Report	Ex	pert Info	Maria Laura Angel		
Detail budget info for defendant	Det	als	1 St Charles St St. Charles MO 63303 USA Phone: 314-222-2222		
Form CIA21		Create Voucher			
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Select Service Type, enter Description and either select Expert name or fill in expert information.

Then Create Voucher. Once the voucher is created, you should go to the Claims Status tab and enter the first date the expert will perform services, if known. Also be sure to SAVE the document. You will go back to this document once an invoice is received from the expert.

When the invoice is received from the expert, find the CJA 21 document on your desktop, by opening the appointment and finding associated documents.

NOTE: At this stage, when you are entering the invoice information, you are doing this step for the expert. Your confirmation at the end will be for the expert, via their invoice.

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me Operations Reports CME	CF Links Help	logout					
CJA-21	Basic Info	Services Expenses	Claim Status	Documents	Confirmation		
Jan Wain	Service	S					
	Date	04/29/2015 *	Description				-
to OWEOF	Hours						
icher #:	Rate						
rt Date: 4/28/2015					Add	Remove	
100KC. 04/25/2015	* Required Fields						
Summary: \$416.50 *	Torgroup by a p	articular header, drag the column to	TIS ARCS				
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On the Services tab, add a line for each day or type of service invoiced.

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CJA-21 Voucher Entry	Basic Info	Services	Expenses	Claim Status	Documents	Confirmation				
🗲 f.: Adam Wain	Expense	es	-							
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vel Miles \$11.50										
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On Expense tab, add a line for each type of expense invoiced.

On the Claims Status tab, be sure to enter the end date of service and complete the other selections required.

Next, <u>attach a PDF copy of the invoice received from the expert</u>. Now review the document by selecting the Confirmation tab.

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CJA-21	▷ Basic Info → Services	Expenses Claim Stat	us Documents C	onfirmation	
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nk to CM/ECF	1. CIR/DEST/DEV.CODE 0865	2. PERSON REPRESENTED A dam Wain		VOUCHER NUMBER	1
	3. MAG. DKT/DEF NUMBER	4. DEST. DKT/DEF.NUMBER	5. APPEALS, DKT DEF NUMBER	6. OTHER. DKT DEF NUMBER	1
oucher #:	The second second second second	4:14-CR-00125-1-WOW-CKM	A THE READY REPORTED		-
nd Date: 04/29/2015	TSA v Wain	Felony (including pre-trial diversion	Adult Dafandant	Criminal Care	
	11 OFFENDER CRARCED	of alleged felony)	About Desenden	Criminal Case	-
Summary: \$416.50	CMP 21:846=CD.F; CONSPIRAC	Y TO MANUFACTURE 50 GRAMS	OR MORE OF METHAMPHET	AMINE	
ervices	12. ATTORNEY'S STATEMENT	and Theodor affect the contribut	and the state of t	to asset	1
rotals \$400.00	Authorization to obtain the service. Esti-	nated compensation: \$	revenuery an energies of representation. I ner-	wy request.	
ravel	Approval of services already obtained to	be paid for by the United States from the Defender	Services Appropriation.		
ravel Mies \$11.50	Complete of Allinear				1
Totals \$16.50	Mark A Matheny				1
xpenses	26 Field Dr.				
xpense Type Amount	Phone: 555-555-5555				
ong Distance Charges \$0.00	13. DESCRIPTION AND JUSTIFICATION	N FOR SERVICES(See instructions)	14. TYPE OF SERVICE PROVIDER		1
hotocopies \$0.00 tostace \$0.00	Interpreter needed for client intervie	w.	01 Investigator	15 Other Medical Expert	
ther Expenses \$0.00	15. COURT ORDER		02 Interpreter Translator	16 Voice, Audio Analyst	
Totals Scool	Financial eligibility of the person represented	having been established by the court's	04 Psychiatrist	18 Computer (Hardware, Software,	
	satisfaction, the authorization requested in ite	en 12 is hereby granted.	06 Polygraph Examiner	Systems)	
Reports	Signature of Presiding Judge or By Order of the Court		06 Documents Examiner	19 Paralegal Services	
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Totals only of budget info for	4/26/2015		08 Accountant	22 Mitigation Specialis	
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Onforders Ontal Dudey Durant			11 Ballistics Expert	24 Other	
Detail budget info for defendant			13 Weapons Firearms Explosive	25 LitigationSupport Services	
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Form CJA21			- re reasonable, second comments		
	REQUESTED PROVIDER				1
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	14. SERVICES AND EXPENSES	AMOUNT CLAIMED	ADJUSTED AMOU	NT SEVIEW	1
	a. Compensation b. Travel Expenses (ladring, parking,	\$400.00			-
	meals, milegre, etc.)	\$16.50			-
	GRAND TOTALS	\$0.00			1
	(CLAIMED AND ADJUSTED)	\$410.00			-
	Maria Laura Angel TIN: ***-**-123	14			
	1 St Charles St		Final Payment		
	St. Charles MO 63303 USA Phone: 555,555,5555		Supplemental Payment		
	- www. 22222323333				
	CLAIMANT'S CERTIFICATION FOR PE Thereby certify that the above claim is for services	RIOD OF SERVICE: FROM 4/28/2015 TO 04 rendered and is correct, and that I have not sought or re-	/29/2015 selved payment (compensation or anything of valu	e) from any other source for these services.	
	Signature of Claimant Payee: 1	Date:			
	18. CERTIFICATION OF ATTORNEY I	sereby certify that the services were readered for	r this case.		1
	Signature of Attorney: Date Signed				
	our vient.	APPROVED FOR PAYM	ENT - COURT USE ONLY		
			ALL DESIGN DESIGNATION OF	the second second second	7
	19. TOTAL COMP.	20. TRAVEL EXPENSES	TO OD	50.00	1

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	Financial eligibility of the person represented h	aving been established by the court's	104 Prychiatrist	18 Computer (Bardware, Software,	
	satisfaction, the authorization requested in item	12 is hereby granted.	C 05 Polygraph Exerciser	Systems)	
	Signature of Presiding Judge or By Order of the	Coun	100 Decements Examinar	19 Paralegal Services	
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efendant Summary Budnet Report	Date of Order Nunc P	to Tunc Date		21 Jury Consultant	
otals only of hurinet info for	4/20/2015		OS Accountant	22 Mitigation Specialis	
efendant	Repayment 125 V NO		09 CALR(Westlaw, Letis, etc)	23 Duplication Services	
			10 Chemist, Toxicologist	m 24 Other	
efendant Detail Budget Report			11 Ballistics Expert	26 Litization Summer Services	
etail budget info for defendant			13 Weapons Firearms Explosive	24 Company Terraria Terrari	
			Expert	- recompany remains a speri	
orm CJA21			14 Pathotogint, Medical Etaminer		
	PLOTESTED PROVIDER				
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	CLAIMS FOR SERVI	CES AND EXPENSES	FOR COL	URT USE ONLY	
	a. Compensation	AMOUNT CLAIMED	ADJUSTED AMOUS	NT REVIEW	
	b. Travel Expenses (lodging, parking,	\$14 ch			
	meale, mileage, etc.)	10.00			
	GRAND TOTALS				
	(CLAIMED AND ADJUSTED)	\$416.50			
	17. PAYEE'S NAME Maria Laura Annal TIN: ### ## 1324				
	1 St Charlas St		Final Payment		
	St. Charles MO 63303 USA		Interim Payment (*)		
	Phone: 555-555-5555		Supplemental Payment		
	CLAIMANT'S CERTIFICATION FOR PER	IODOF SERVICE: FROM 4/28/2016 TO 04	29/2015		
	Encetty certify that the above claim is for services re Signature of Claimant/Payee: D	endered and is correct, and that I have not sought or rec alle:	eired payment (compensation or anything of value	 from any other source for these services. 	
	18 CERTIFICATION OF ATTORNEY 1 In	raby cartify that the services were rendered for	this case.		
	Signature of Attorney: Data Signad:				
	Date Signed.	APPROVED FOR PAYME	INT - COURT USE ONLY		
	19. TOTAL COMP.	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMT. APPR./CERT.	
	23 III Rither the root (projuding property)	of these services does not exceed \$100, or prior.	subvitation was obtained: OR	30.00	
	In the interest of justice the Court firs \$800	ds that timely procurement of these necessary se	vrices could not await prior authorization, ev	ven though the cost (excluding expenses) enceeds	
	Signa	ature of Presiding Judge	Date	Judge Code	
	24. TOTAL COMP.	26. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT	
	50.00 28. PAYMENT APPROVED IN EXCESS OF T	S0.00 HE STATUTORY THRESHOLD	50.00	\$0.00	
	Signat	ture of Chief Judge, Court of Appeals (or Dele	egate)	Date Judge Code	
		Attention: The notes you enter will	be available to the next approval k	evel.	
	Public/Attorney Notes			* *	
	I swear and affirm the Date: 5/6/2015 13:17:1	truth or correctness of the ab	ove statements	Submit	1

Check the box at the bottom and click Submit.

When you return to your desktop, you will notice that the document is still on your desktop with a status noted of "Submitted to Attorney". It is now ready for you to approve as the attorney.

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4:14-CR-00125-WOW-OOM Start: 04/26/2015	Adam Wain (# 1) Claimed Amount: 0.00	CJA-20 Mark A Matheny	Voucher Entry Edit	
4:14-CR-00125-WOW-CKM Start: 04/26/2015 End: 04/26/2015	Adam Wain (# 1) Claimed Amount: 0.00	CJA-20 Mark A Matheny	Voucher Entry Edd	E Hy Submitted Documents
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4:14-CR-00125-WOW-OOM Start: 64/28/2015 Ted: 64/28/2015	Adam Wain (# 1) Claimed Amount: 416.50	CJA-21 Maria Laura Angel Interpreter Translator	Submitted to Attorney 0865.000091 FDNAL PAYMENT	4:14-CR-00125-WOW-CRM Start: 05/05/2015 End: 05/05/2015
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Appointments' List				Hy Service Provider's Docur
Appointments	Defendant			To group by a particular Header, d
Case: 4:14-CR-00125-WOW-OOM Defendant #: 1 Case: Title: USA v. Wain Attorney: Mark Matheny	Defendant: Adam Wain Representation Type: Crimi Order Type: Appointing Cou Order Date: 04/25/15 Pres. Judge: Carla K Adm. //kgj Judge: Carla K	val Case nsel artinez		Case <u>4:14-CR-00125-W0W-CRM</u> Saint 04/28/2815 End: 04/28/2815
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Select the CJA 21 from the desktop.

After reviewing the document, you can go to the Confirmation page, check the box at the bottom and click Approve.

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	satisfaction, the authorization requested in item 12 is hereby granted.	III of Behavior Francisco	Systems)	
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		14 Pathologist, Medical Examiner		
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	16. SERVICES AND EXPENSES AMOUNT CLAIME	ADJUSTED AMOUNT	REVIEW	
	a. Compensation \$400.0)		
	b. Travel Expenses (lodging, parking, \$16.9	>		
	c. Other Expenses \$0.0	2		
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	17. PAYEE'S NAME			
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	Re Charles MO 62202 TRA	Interim Payment (*)	I 1	
	Phone SSSSSSS	Supplemental Payment		
	CLADAAN'S CERTIFICATION FOR PERIOD OF SERVICE: FROM 428/2015 TO 4 Tawety corety that the show claim is the services mediand and is covers, and that have on cought or Signature of Claimant/Payee: Mark A Mathemy Date: 5/6/2015 13:1'	29:2015 celled payment (compensation or anything of value) 5 1:1	from any other source for these services.	
	18. CERTIFICATION OF ATTORNEY I hereby certify that the services were readered for Signature of Attorney: Data Signature	r this case.		
	APPROVED FOR PAVA	ENT - COURT USE ONLY		
	19. TOTAL COMP. 20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMT. APPR/CERT.	
	\$0.00	\$0.00	\$0.00	
	Either the cost (strukting expense) of these services does not exceed \$100, or price In the interest of justice the Court finds that timely procurement of these necessary is \$100	r authorization was obtained, OR ervices could not await prior authorization, even	n though the cost (excluding expenses) enceeds	
	Signature of Presiding Judge	Date	Judge Code	
	24 TOTAL COMP. 25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT	
	50.00 50.00 28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD	\$0.00	50.00	
	Signature of Chief Judge, Court of Appeals (or D	legate)	Date Judge Code	
	Attention: The notes was anter w	I be available to the next approval law	el.	
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	I certify that I have reviewed the above information			1

The CJA 21 is now Submitted to the Court for payment.