

NUTS AND BOLTS OF CJA PANEL WORK

CJA Guidelines

- Available from the court's website
 - Click on "Criminal Justice Act" and then "CJA Guidelines"
 - Promulgated by the Office of Defender Services (ODS)
 - Judges encouraged to follow but districts adopt their own policies as well

Three Areas

- Appointments
- Compensation
- Review/Retention

Appointments

- The CJA Plan states,

*Appointments from the list of private attorneys should be made on a **rotational basis**, subject to the Court's discretion to make exceptions due to the nature and complexity of the case, an attorney's experience, and geographical considerations. This procedure should result in a **balanced distribution** of appointments and compensation among the members of the CJA Panel, and quality representation of each CJA defendant.*

Section III.B.4

Appointments

- Who Will Call
- What Information You Will Receive
- Conflict Checks
- Special Appointments
 - Initial Appearances
 - Target Letters
 - Post-sentencing matters

Appointments

- New Members
 - Option of sitting through a case and/or proceedings with your mentor before taking a case of your own
- Training Panel Members
 - Should get in touch with your mentor and work out a schedule
 - Encouraged to gain experience to each area
 - Guidelines to be approved soon

Compensation

- Lots of forms!
- CJA-23 financial affidavit
 - This gets the whole process started
 - Ensures that your client qualifies for counsel
 - Reviewed by the magistrate judge and, in some cases, the district judge
 - You do not need to fill this out, but your client does.
 - You shouldn't do any work until you hear that this form has been filled out and approved

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES DISTRICT COURT COURT OF APPEALS OTHER (Specify below)

IN THE CASE OF _____

FOR _____

AT _____

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

- 1 Defendant - Adult
- 2 Defendant - Juvenile
- 3 Appellant
- 4 Probation Violator
- 5 Supervised Release Violator
- 6 Habeas Petitioner
- 7 2255 Petitioner
- 8 Material Witness
- 9 Other (Specify)

DOCKET NUMBERS

Magistrate Judge

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box—)

- Felony
- Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment? _____ How much did you earn per month? \$ _____										
INCOME & ASSETS	If married, is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____ IF YES, how much does your spouse earn per month? \$ _____										
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">RECEIVED</th> <th style="width: 50%; text-align: left;">SOURCES</th> </tr> </thead> <tbody> <tr> <td>IF YES, give the amount received and identify the sources</td> <td></td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	RECEIVED	SOURCES	IF YES, give the amount received and identify the sources		\$ _____	_____	\$ _____	_____	\$ _____	_____
RECEIVED	SOURCES										
IF YES, give the amount received and identify the sources											
\$ _____	_____										
\$ _____	_____										
\$ _____	_____										
CASH	Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, total amount? \$ _____										
PROP-ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">VALUE</th> <th style="width: 50%; text-align: left;">DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>IF YES, give value and description for each</td> <td></td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	VALUE	DESCRIPTION	IF YES, give value and description for each		\$ _____	_____	\$ _____	_____	\$ _____	_____
VALUE	DESCRIPTION										
IF YES, give value and description for each											
\$ _____	_____										
\$ _____	_____										
\$ _____	_____										

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated or Divorced	Total No. of Dependents	List persons you actually support and your relationship to them _____ _____ _____											
	DEBTS & MONTHLY BILLS <small>(Rent, utilities, loans, charge accounts, etc.)</small>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">DESCRIPTION</th> <th style="width: 20%;">TOTAL DEBT</th> <th style="width: 20%;">MONTHLY PAYMENT</th> </tr> </thead> <tbody> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table>	DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	
DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT													
\$ _____	\$ _____	\$ _____													
\$ _____	\$ _____	\$ _____													
\$ _____	\$ _____	\$ _____													

I certify under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Date

Compensation

- CJA-20
 - This is your appointment document and also your payment voucher.
 - Retain until the end of the case
- Rebecca Jarvis will send the CJA-20 to you, as well as billing sheets where you will keep your time.

NCIA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

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 <i>(See Instructions)</i>				
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Telephone Number: _____			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> 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 <input type="checkbox"/> Other <i>(See Instructions)</i>			
14. NAME AND MAILING ADDRESS OF LAW FIRM <i>(Only provide per instructions)</i>			Signature of Presiding Judge or By Order of the Court Date of Order _____ Date Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY			
CATEGORIES <i>(Attach itemization of services with dates)</i>		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	a. Arraignments and/or Pleas					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
h. Other <i>(Specify on additional sheets)</i>						
(RATE PER HOUR = \$ _____) TOTALS:						
Out of Court	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work <i>(Specify on additional sheets)</i>					
(RATE PER HOUR = \$ _____) TOTALS:						
17. Travel Expenses <i>(lodging, parking, meals, mileage, etc.)</i>						
18. Other Expenses <i>(other than expert, transcripts, etc.)</i>						
GRAND TOTALS (CLAIMED AND ADJUSTED):						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____						
APPROVED FOR PAYMENT — COURT USE ONLY						
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPROVED		
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE	34a. JUDGE CODE		

Compensation

- CJA-21
 - Two functions:
 - Allows you get prior approval for use of service providers
 - Allows your service providers to bill their time and get paid

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) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>					
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: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR <input type="checkbox"/> 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 _____ <input type="checkbox"/> Parent Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> 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)		
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 _____ Name (Print Name) _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO			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"/> Document 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 (Wastlaw/Lewis, etc.) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics 25 <input type="checkbox"/> Litigation Support 12 <input type="checkbox"/> Weapons/Firarms/Explosive Expert Services 13 <input type="checkbox"/> Pathologist/Medical Examiner 26 <input type="checkbox"/> Computer Forensics 14 <input type="checkbox"/> Other Medical Expert 15 <input type="checkbox"/> Other Medical Expert 16 <input type="checkbox"/> Voice/Audio Analyst		
			CLAIM FOR SERVICES AND EXPENSES		
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):					
17. PAYEE'S NAME AND MAILING ADDRESS _____ TDN: _____ Telephone Number: _____ CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> 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		
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$800, or prior authorization was obtained. <input type="checkbox"/> 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		
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____					

Compensation

- You are permitted to charge up to \$800 for service providers without prior approval.
- The work done will still be subject to a reasonableness review.
- If you are requesting more than \$2,400, request for prior approval will be sent to the Fourth Circuit.
- When in doubt, ask!

Compensation

- This includes (but not limited to)
 - Investigators
 - Paralegals
 - Psychologists/Psychiatrists
 - Interpreters
 - Handwriting experts
 - Chemists
 - Other experts
- See Guidelines, Chapter 3 for detailed information

Compensation

- Investigators must be licensed with the Secretary of State.
- Additional informational form is also required (on the CJA site)
- Failure to obtain prior approval will leave you without payment or with only partial payment, so don't forget to make the request!

Compensation

- The CJA-26
- If your total attorney compensation bill exceeds the following, you must submit a CJA-26:
 - For felonies, \$9,800
 - For petty offenses, \$2,800
 - For supervised release revocation matters, \$2,100
 - For probation violation matters, \$2,100
 - For target letter representations, \$2,100
- These limits apply only to attorney compensation, not including expenses.

SUPPLEMENTAL INFORMATION STATEMENT FOR A COMPENSATION CLAIM IN EXCESS OF THE STATUTORY CASE COMPENSATION MAXIMUM: DISTRICT COURT		
THIS FORM PROVIDES INFORMATION TO SUPPORT COUNSEL'S CLAIM THAT THE REPRESENTATION GIVEN WAS IN AN EXTENDED OR COMPLEX CASE, AND THAT THE EXCESS PAYMENT IS NECESSARY TO PROVIDE FAIR COMPENSATION. PARAGRAPH 2.22 B(3) OF THE <i>GUIDELINES FOR THE ADMINISTRATION OF THE CRIMINAL JUSTICE ACT</i> , VOLUME VII, <i>GUIDE TO JUDICIARY POLICIES AND PROCEDURES</i> , DEFINES THE TERMS "EXTENDED" AND "COMPLEX," AND SUGGESTS CRITERIA FOR DETERMINING "FAIR COMPENSATION." THIS FORM SERVES AS COUNSEL'S MEMORANDUM REQUIRED BY PARAGRAPH 2.22 C(2) OF THOSE <i>GUIDELINES</i> , AND DOES NOT REPLACE ANY OTHER DOCUMENTATION REQUIRED TO SUPPORT THE PAYMENT REQUEST. IF EXTRA SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS OF PAPER.		
ATTORNEY NAME: _____		
CASE NAME: _____		
DOCKET NUMBER: _____	DEFENDANT NUMBER: _____	VOUCHER NUMBER: _____
1	PERIOD OF APPOINTMENT (DATES): _____ TO _____	
TOTAL NUMBER OF IN-COURT HOURS: _____ SPECIFYING: PRETRIAL HEARINGS _____ TRIAL _____ SENTENCING HEARINGS _____ ALL OTHER IN-COURT _____		
TOTAL NUMBER OF OUT-OF-COURT HOURS: _____		
2	OFFENSES CHARGED: _____	
NUMBER OF COUNTS CHARGED: _____ NUMBER OF CO-DEFENDANTS: _____		
OTHER PENDING CASES (DOCKET NUMBERS) OF DEFENDANT DURING REPRESENTATION: _____		
IF APPLICABLE, SENTENCING GUIDELINE RANGE FOUND BY THE COURT FOR SENTENCING: _____		
WAS A MANDATORY MINIMUM FOUND OR AT ISSUE AT SENTENCING? YES _____ NO _____		
3	DESCRIBE DISCOVERY MATERIALS (NATURE AND VOLUME) AND/OR DISCOVERY PRACTICES WHICH ARE A NOTEWORTHY FACTOR IN THE NUMBER OF HOURS CLAIMED: 	
4	LIST AND DESCRIBE MOTIONS, LEGAL MEMORANDA, JURY INSTRUCTIONS, AND SENTENCING DOCUMENTS, OR LEGAL RESEARCH NOT RESULTING IN SUCH, WHICH ARE A NOTEWORTHY FACTOR IN THE NUMBER OF HOURS CLAIMED AND WHICH WERE DRAFTED ORIGINALLY FOR THIS CASE (DO NOT INCLUDE STANDARDIZED MOTIONS, ETC., UNLESS CONTENT WAS MODIFIED SIGNIFICANTLY): 	
5	SUMMARIZE INVESTIGATION AND CASE PREPARATION (E.G. NUMBER AND ACCESSIBILITY OF WITNESSES INTERVIEWED, RECORD COLLECTION, DOCUMENT ORGANIZATION) WHICH ARE A NOTEWORTHY FACTOR IN THE NUMBER OF HOURS CLAIMED: 	

Compensation

- In order for an excess compensation bill to be paid, the judge must determine that the case is either
 - Extended, as in length of time, OR
 - Complex
- In your CJA-26 or equivalent memo, you must explain why your case is either extended or complex, or both.
- I must have enough information to make a good argument to the presiding judge and the Chief Judge of the Fourth Circuit, so be specific!

Compensation

- Free PACER access
 - www.pacer.gov or call 1-800-676-6856
- Cost of legal research (Westlaw/Lexis) may be reimbursable
 - Must be reasonable
 - Must include an invoice, no matter the amount
 - If over \$500 and/or if the bill includes costs for downloading or printing, attorney must include a statement of justification (See Guidelines section 230.63.30.)

Compensation

- All vouchers should be submitted within 45 days after the representation has ended.
- If you are involved in a case in which there has been a withdrawal and appointment of another CJA attorney(s), we must wait until all attorneys have submitted their vouchers before submitting for payment.
- All vouchers are subject to an audit. You should keep copies and supporting documentation for 3 years.

Review/Retention

- CJA Plan provides,
 - All new members of the Panel will be divided randomly into three groups with terms of the following lengths:
 - First group = one year
 - Second group = two years
 - Third group = three years
 - At the conclusion of the term, the attorney will reapply if he/she intends to remain on the Panel
 - Afterwards, serve for three-year terms
 - No limit to amount of terms

Review/Retention

- Requirements that will be reviewed:
 - Quality of representation
 - Trainings attended
 - 5 hours of CLE relating to criminal law each year (This session will count.)
 - Billing accuracy and timely submission of vouchers

Questions?

OVERVIEW OF CJA VOUCHER REVIEW PROCESS
(NON-CAPITAL CASES)

Step 1. Attorney is notified by CJA Supervising Attorney about an appointment and receives a CJA-20 appointment document signed by the presiding judge.



Step 2 (if applicable): Attorney requests prior approval for service providers using a CJA-21 and supplemental form, if bill will likely be over \$800. (Request must go to the Fourth Circuit if it is over \$2,400.) Obtain CJA-21 and other forms at www.fd.org. Attorney may also make a written request to the CJA Supervising Attorney to submit interim vouchers.



Step 3. Attorney performs services and keeps contemporaneous billing records.



Step 4. Attorney submits billing records and CJA-20 document (and CJA-21 if applicable) with original signatures to Rebecca Jarvis, CJA Technician, in the Clerk's Office. If claim surpasses the statutory maximum, attorney must also submit a CJA-26. Forms must be submitted within 45 days of the end of the representation, or according to an interim schedule, if applicable.



Step 5. Mathematical/technical and reasonableness review is performed in the Clerk's Office. CJA Supervising Attorney forwards vouchers to the presiding judge with a recommendation.



Step 6. Presiding judge receives recommendation, performs independent reasonableness review, and approves or adjusts voucher.



Step 7 (if applicable). If voucher claim exceeds the case maximum, voucher is forwarded to the Chief Judge of the U.S. Court of Appeals for the Fourth Circuit.



Step 8. Once voucher is approved by presiding judge (and Chief Judge of the Fourth Circuit, if applicable), it is sent back to the Clerk's Office.



Step 9. Clerk's Office performs final review and directs that payment be issued.



Step 10. Check is cut from the Administrative Office in Washington, D.C.

