

**UNITED STATES DISTRICT COURT
OFFICE OF THE CLERK
WESTERN DISTRICT OF PENNSYLVANIA
700 GRANT STREET, SUITE 3110
PITTSBURGH, PA 15219
WWW.PAWD.USCOURTS.GOV**

**ROBERT V. BARTH, JR.
CLERK OF COURT
412-208-7500**

**IN REPLYING, GIVE NUMBER
OF CASE AND NAMES OF PARTIES**

**Authorization and Payment for Investigative,
Expert and Other Services
CJA 21 and Appendix 3A(formerly Appendix C) Instructions**

When making your request to the Judge or Magistrate Judge to obtain a service provider the following policy and procedure must be followed for prior approval. You can find these policies and procedures on the National CJA Voucher Reference Tool under roles for Expert/Other Service Provider.

<http://www.uscourts.gov/uscourts/cjaort/index.html>

The request should include:

- the reason the services and the named provider are being requested,
- the relevant experience and qualifications of the expert/service provider,
- the hourly rate requested,
- the fee arrangement, as applicable,
- the specific services and expenses to be included,
- if additional services/funding may be requested from/for this provider (as applicable), and
- other relevant information.

Once funding for investigative, expert and other services has been approved, counsel is responsible for communicating the specific terms of the court order to the service provider to ensure that changes do not exceed the amount authorized.

If it can be anticipated that the compensation will exceed the statutory maximum, advance approval should be obtained from the court and the chief judge of the circuit (or judge delegate).

[Guide, Vol 7. § 310.20.10]

The Guide, Appendix 3A (formerly Appendix C) provides a sample format for requesting advance authorization to obtain investigative, expert, or other services in an amount that exceeds the statutory maximum.

An IRS audit of the Courts has forced the need for the collection of W-9 forms from vendors, including CJA panel attorneys, experts and other service providers paid under the CJA. Please make sure when hiring a vendor they provide a W-9 form with their invoice for payment.

Engagement Letter: Contents of Financial Arrangements

Case name: _____

Case number: _____

The engagement of your services for this case is subject to the following:

- (1) You will be compensated at a rate of \$_____ per hour [or specify some other fee arrangement], and [\$_____ per hour for long-distance travel-related time that will be explained in correspondence to you]. The maximum payment amount authorized by the court as of this date for your services is \$_____, which includes any expenses incurred by you.
- (2) You will submit your voucher(s) (CJA Form 21 in a non-capital representation and CJA Form 31 in a capital representation) to me, and it is my responsibility as counsel to certify to the court that the services were rendered. Payment for your services is subject to approval by the presiding judge and, in certain circumstances, the chief judge of the court of appeals. Approved payments are made by the Department of the Treasury out of the federal judiciary's Defender Services account, not by me or my law firm.
- (3) The presiding judge (and the circuit chief judge, if applicable) has discretion to reduce a voucher. Specific reasons include: (a) a mathematical error; (b) non-compliance with the Guidelines for Administering the CJA and Related Statutes (CJA Guidelines), *Guide to Judiciary Policy*, Volume 7, Part A, or court policies; and (c) a determination that the services claimed are unreasonable either in terms of the work performed or the amount of time and expenses submitted. Accordingly, this Engagement Letter is not a guarantee of payment for all services rendered or expenses incurred.
- (4) **Do not perform services or incur expenses that would result in an invoice in excess of the maximum payment amount authorized by the court** (as set forth in paragraph (1)). Doing so creates a risk that the court will not authorize the payment for the work done or expenses incurred in excess of the maximum authorized amount, even if the services performed or expenses incurred are necessary. You must advise me **before** you exceed the court's maximum authorized payment amount, and if I determine such additional work and/or expenses are necessary for the representation, I will seek approval from the court for a new maximum authorization level, before such work is performed or expenses incurred.
- (5) Travel expenses will be reimbursed on the basis of actual expenses incurred. Please consult with me regarding the maximum reimbursement amounts for travel expenses. Airline travel must be authorized by the court by my application. If airline travel is authorized, I will provide guidance to you regarding the purchase of a ticket.

- (6) Record Keeping – Consistent with CJA Guidelines § 320.90, you are required to maintain contemporaneous time and attendance records for all work/services billed, including work performed by associates, partners, and support staff, as well as expense records. These records should be submitted with your CJA voucher for payment, and must be retained for three years after approval of the appointed counsel’s or the service provider’s final voucher, whichever is later.

- (7) Unless otherwise authorized by the court, a voucher for services performed and expenses incurred for the representation will be submitted at the conclusion of your services. While the court attempts to process invoices as quickly as possible, there may be delays in payment due to workload and other factors.

- (8) Scope of Work – You are authorized to do the following work:

Accepted by: _____

Date: _____

Guide to Judiciary Policy

Vol 7: Defender Services

Pt A: Guidelines for Administering the CJA and Related Statutes

Appx 3A: Request for Advance Authorization for Investigative, Expert or Other Services

TO: Chief Judge (or Delegate) _____
United States Court of Appeals For the _____ Circuit

DATE: _____

FROM: _____

SUBJECT: Advance Authorization for Investigative, Expert, or Other Services

It is requested that advance authorization be granted to obtain services in an amount in excess of the maximum allowed under the provisions of subsection (e)(3) of the Criminal Justice Act, [18 U.S.C. § 3006A](#), [or, for capital cases commenced, and appellate proceedings in which an appeal is perfected, on or after April 24, 1996, under [18 U.S.C. § 3599\(g\)](#),] as follows:

Case Name & Designation

Name of Expert or Investigator or Service Provider

Address _____

Type of Service _____

Reasons for Application

Estimated Compensation (Non-Capital Case) \$ _____

Estimated Compensation and Expenses (Capital Case) \$ _____

Estimated Compensation and Expenses of All Investigative, Expert, and Other Services
(Capital Case) \$ _____

I certify that the estimated compensation in excess of the maximum set forth in [18 U.S.C. § 3006A\(e\)\(3\)](#) [or, if applicable, the estimated compensation and expenses in excess of the maximum set forth in [18 U.S.C. § 3599\(g\)](#),] appears necessary to provide fair compensation for services of an unusual character or duration and therefore recommend approval of this advance authorization in the amount of

\$ _____.

United States District Judge
or United States Magistrate Judge

Date

Advance authorization is hereby approved in the amount of

\$ _____.

Chief Judge, United States Court of Appeals
(or Delegate)

Date

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 (<i>Case Name</i>)	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) *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*)

- | | |
|---|--|
| 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 (<i>Specify</i>) |
| 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 | |

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.

- YES NO

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

16. SERVICES AND EXPENSES <i>(Attach itemization of services with dates)</i>	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):			

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
23. <input type="checkbox"/> Either the total cost (<i>excluding expenses</i>) of all services combined 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 (<i>excluding expenses</i>) 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 _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Expert and Service Provider Time Worksheet

Case Name: _____

Case Number: _____

DESCRIPTION OF WORK		HOURS						
Date	Brief Description of Services	Confer with Counsel, Client, Team Members, or Other (please specify in previous column)	Obtaining Records and Reports	Reading File, Records, and Reports	Investigative Work and Interviews	Research, Writing, & Records Analysis	Travel Time	Other
PAGE TOTAL (HOURS)								
GRAND TOTAL (HOURS)								

I hereby certify that this worksheet is for services rendered and is correct.

Name _____ Date Submitted _____ Page _____ of _____