# HOW TO CREATE A CJA TRAVEL AUTHORIZATION IN eVOUCHER

The following is a guide to creating travel authorizations for CJA Panel Attorneys and Experts who need to travel for CJA cases.

The CJA Department appreciates that you are busy and that not all nuances of eVoucher can be captured in this guide. Please contact us anytime with your questions or concerns. We are here to help.

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|---|----------------------|
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# **Creating an Authorization for Travel**



On your HOME page in eVoucher, select the case from the Appointment List grid.

### Figure 1: Appointment List on your Attorney Home page

| 🗖 Appointments' List  |   |
|---|---|
| Appointments  | Defendant   |
| Case: 3:12-CR 01000-RRB-DMS<br>Defendant #:<br>Case Title: USA v Test Defendant<br>Attorney: Joe Attorney | Defendant: Test Defendant<br>Representation Type: Criminal Case<br>Order Type: Subs for Federal Defender<br>Order Date: 09/03/12<br>Pres. Judge: Ralph R. Beistline<br>Adm./Mag Judge: Deborah M. Smith |
| Case: 3:13-CR-01000-RRB<br>Defendant #: 1<br>Case Title: USA V TEST<br>Attorney: Joe Attorney             | Defendant: TEST DEFENDANT<br>Representation Type: Criminal Case<br>Order Type: Appointing Counsel<br>Order Date: 04/17/13<br>Pres. Judge: Ralph R. Beistline<br>Adm./Mag Judge:                         |
| Case: 3:13-CR-01001-RRB<br>Defendant #: 1<br>Case Title: USA V TEST<br>Attorney: Joe Attorney             | Defendant: TEST DEFENDANT<br>Representation Type: Criminal Case<br>Order Type: Appointing Counsel<br>Order Date: 04/18/13<br>Pres. Judge: Ralph R. Beistline<br>Adm./Mag Judge:                         |

#### Figure 2: Selecting the case opens the Basic Info page

| Attorney Enters                               | Basic Info   | Request Documents Documents  | onfirmation   |                        |                               |                                 |
|---|--|--|---|------------------------|-------------------------------|---------------------------------|
| Def.: KRYSTINA KAY KIRSCH                     |  | 2. PERSON REPRESENTED  |   |                        | VOUCHER NUMBER                | 2                               |
| Link to CM/ECF                                | 3. MAG. DKT/DEF.NUMBER   | 4. DIST. DKT/DEF.NUMBER<br>3:21_CR_00024_1_SL G_MMS  | 5. APPEALS. DKT/DEF.NU  | UMBER                  | 6. OTHER. DKT/DE              | F.NUMBER                        |
| Voucher #:<br>Request Date:                   | 7. IN CASE/MATTER OF(Case Name)  | 8. PAYMENT CATEGORY<br>Felony (including pre-trial diversion of                              | 9. TYPE PERSON REPRE  | SENTED                 | 10. REPRESENTATI              | ON TYPE                         |
| Decision Date:                                | 11. OFFENSE(5) CHARGED   | alleged felony)  | Adult Delendant   |                        | Criminal Case                 |                                 |
| Amount Claimed: \$0.00                        | 21:841A=CD.F CONTROLLED SUBS<br>DISPENSE                                     | STANCE - SELL, DISTRIBUTE, OR DISP   | PENSE21:841B=CD.F   | CONTROLLED S           | SUBSTANCE - SEI               | LL, DISTRIBUTE, OR              |
|   | James Wendt - Bar Number: 9201001<br>Law Offices of James Alan Wendt         | KESS .   | A Associate   | C Co-Counsel           | D Federal<br>Defender         | F Subs for Federal     Defender |
| Tasks   | 310 K Street Suite 305<br>Anchorage AK 99501                                 |  | L Learned Counsel<br>(Capital Only)                                       | Counsel                | P Subs for Panel     Attorney | R Subs for Retained<br>Attorney |
| Link To Appointment<br>Link To Representation | Phone: 907-258-9100 - Fax: 907-258-7<br>Email: deadmail@support.aotx.uscourt | 329<br><u>s.gov</u>  | S Pro Se  | T Retained<br>Attorney | U Subs for Pro Se             | C X Administrative              |
|   |  |  | ☐ ¥ Standby Counsel   |                        |                               |                                 |
| Reports                                       |  |  | Prior Attorney's Name<br>Appointment Dates<br>Signature of Presiding Judg | e or By Order of the C | Court                         |                                 |
| TRAVEL Form report with<br>attachments        | 14. LAW FIRM NAME AND MAILING ADDRE  | 255  | Deborah M. Smith<br>Date of Order<br>6/1/2021                             | Nunc P                 | ro Tunc Date                  |                                 |
| all attachments                               |  |  | Repayment 🗌 YES 🗹 N   | 0                      |                               |                                 |
| Auth Travel - With Notes                      | Travel Agency to be Used:  | National Travel Service (NTS) 🗸  |   |                        |                               |                                 |
| <u>Voucher History</u>                        |  | National Travel Service (NT<br>707 Virginia Street East<br>Suite 100<br>Charleston, WV 25301 | rs)   |                        |                               |                                 |
|   |  | Phone: (800) 445-0668<br>Fax:  |   |                        |                               |                                 |
|   |  | Email: deadmail@aotx.uscourts  | s.gov   |                        |                               |                                 |
|   | < First < Previous Next> La  | st>> Save  | Delete  | Draft                  | Aud                           | it Assist                       |

Note: Attorneys are not required to use National Travel, but travel must be pre-authorized. Additional fees and charges incurred for changing or cancelling a flight may not be reimbursed for travel not booked through National Travel. Step 2

On the Appointment Info page, select <u>Create</u> next to TRAVEL.

## Figure 3: Appointment Info page

| Appointment  | Appointment Info  |  |   |  |  |  |  |  |
|--|---|--|---|--|--|--|--|--|
| In this page you will find a<br>summary about this                                     | 1. CIR/DIST/DIV.CODE<br>0969  | 2. PERSON REPRESENTED<br>Test Defendant  |   | VOUCHER NUMBER                           |  |  |  |  |
| appointment, including a list of   | 3. MAG. DKT/DEF.NUMBER  | 4. DIST. DKT/DEF.NUMBER<br>3:12-CR-01000-1-RRB-DMS                                 | 5. APPEALS. DKT/DEF.NUMBER  | 6. OTHER. DKT/DEF.NUMBER                 |  |  |  |  |
| appointment and links to create  | 7. IN CASE/MATTER OF(Case Name)<br>USA v Test Defendant                                       | 8. PAYMENT CATEGORY<br>Felony (including pre-trial diversion<br>of alleged felony) | 9. TYPE PERSON REPRESENTED<br>Adult Defendant   | 10. REPRESENTATION TYPE<br>Criminal Case |  |  |  |  |
| <b><u><b>Ø</b> View Representation</u></b>   | 11. OFFENSE(S) CHARGED<br>18:922G.F UNLAWFUL TRANSPOR   | T OF FIREARMS, ETC.  |   |  |  |  |  |  |
| Create New Voucher   | 12. ATTORNEY'S NAME AND MAILING ADD<br>Joe Attorney - Bar Number: 12345678<br>123 Main Street | RESS<br>3  | 13. COURT ORDER A Associate C Co-Cou  | nsel<br>ing Counsel                      |  |  |  |  |
| AUTH <u>Create</u><br>Authorization for Expert and other<br>Services                   | Anchorage AK 99507<br>Phone: 907-555-1213   |  | P Subs for Panel Attorney R Subs for<br>Y Standby Counsel   | Retained Attorney                        |  |  |  |  |
| CJA-20 <u>Create</u><br>Appointment of and Authority to Pay<br>Court-Appointed Counsel | 14 I AW FIRM NAME AND MAILING ADDRE   | 22   | Prior Attorney's Name<br>Appointment Dates<br>Signature of Presiding Judge or By Order of the<br>Deborah M. Smith | Court                                    |  |  |  |  |
| CJA-21 Create<br>Authorization and Voucher for Expert<br>and other Services            |   |  | Date of Order Nunc Pro Tunc Date<br>9/3/2012<br>Repayment VES VO  |  |  |  |  |  |
| CJA-26 Create  |   |  |   |  |  |  |  |  |
| Statement for a Compensation Claim<br>in Excess of the Statutory Case                  | Vouchers on File  |  |   |  |  |  |  |  |
| Compensation Maximum: District   | To group by a particular Header, d  | Irag the column to this area.  |   | Search:                                  |  |  |  |  |
|  | Case  | Defendant  | Туре  | Status                                   |  |  |  |  |
| Authorization for payment of Tra   | 3:12-CR-01000-RRB-DMS<br>Start: 09/18/2014<br>End: 09/18/2014                                 | Test Defendant (# 1)<br>Claimed Amount: 1,248.00                                   | TRAVEL  | Submitted to Court 0969.0001326          |  |  |  |  |
|  | 1   |  |   | Page 1 of 1 (1 items)                    |  |  |  |  |
|  |   |  |   | 4  |  |  |  |  |

On the Request for Travel form, select <u>Authorization</u> <u>Request</u>. See Figure 3 below.

### See Figure 4 below

On the **Authorization Request** tab, complete the required fields (\*):

- Name and Title of Person Traveling
- Address of Person Traveling
- Travel from Location
- Travel to Location
- Estimated Dates of Travel

### **Travel Requested**

 Estimated Costs (Airline Tickets, Ground Transportation (your rental car, taxis or rideshares), Subsistence (hotels & meals), and Other (parking at hotels, airports and the courthouse, gas for your rental car, transportation to/from your office to the airport).

### CJA will reimburse the actual cost of hotel and meals up to the established per diem rate for the destination. The CJA Department will provide the government per diem rates.

• Purpose and Justification (example below).

# 09/29/23 Meeting w/client in the AJ to review protected discovery 09/30/23 Attend Final Pretrial Conf

# Figure 4: Request for Travel page

| TRAVEL<br>Attorney Enters                   | Basic Info  | ocuments  > Cor | nfirmation   |
|---|---|-----------------|--|
| Def.: Kip Schild                            | Request For Travel*                               |                 |  |
| Link to CM/ECF                              | Name and Title of Person Traveling:               |                 | *  |
| Voucher #:                                  | Address of Person Traveling:                      |                 | <b>•</b>   |
| Decision Date:                              | Travel From Location:                             |                 | *  |
| S Amount Claimed: \$0.00                    | Estimated Dates of Travel:                        |                 | *  |
|   | Travel Requested: *                               | Estimated Cost: | Instructions for requesting amounts for the travel items:          |
| Tasks                                       | Airline Tickets via CJA Government Travel Agency: |                 | Complete the estimated dollar amount for each applicable line.     |
| Link To Appointment                         | Ground Transportation:                            |                 | The "Total Estimated Cost" field is automatically calculated based |
| Link To Representation                      | Subsistence (Hotels & meals):                     |                 | on the estimated amounts entered in the Travel line items.         |
|   | Other:  |                 | Complete information for one traveler per form.                    |
| Reports                                     | Tatal Estimated Costs                             |                 | •  |
| Defendant Detail Budget Report              | Total Authorized                                  |                 |  |
| Detail budget info for defendant            |   |                 |  |
| Defendant Summary Budget Report             | Purpose and Justification:                        |                 |  |
| Totals only of budget info for<br>defendant |   |                 |  |
| Form Travel Authorization                   | Court Notes:                                      |                 | v  |
| Travel Auth - Attorney                      |   |                 |  |
| Auth-Travel - Attorney                      |   |                 | Add Remove   |
| Auth24 - Rejected                           | Select the ADD box if there are r                 | nultiple trave  | lers and you wish to add more requests                             |

The travel requests will appear in the grid below. Complete the process again if there are multiple requests for travel.

### Figure 5: Request for Travel page

| To group by a particular Header, drag the column to this area. |             |             |                         |                              |           |            |                                     |  |
|--|-------------|-------------|-------------------------|------------------------------|-----------|------------|-------------------------------------|--|
| Traveler   | Travel From | Travel To   | Travel Dates            | Purpose and<br>Justification | Estimated | Authorized | Court Notes                         |  |
| Ingrid Investigator  | Phoenix, AZ | Orlando, FL | 2/5/2020 -<br>2/10/2020 | Locate and interview witness | 810.00    |            |                                     |  |
|  |             |             |                         |                              |           |            |                                     |  |
|  |             |             |                         |                              |           |            |                                     |  |
|  |             |             |                         |                              |           |            |                                     |  |
| 1  |             |             |                         |                              |           |            | Page <b>1</b> of <b>1</b> (1 items) |  |
| < First < Previ  | ous Nevt>   | Last>>      | Save                    | Delet                        | te Draft  |            | Audit Assist                        |  |

You are not required to attach any PDFs. However, you can by selecting the <u>Documents</u> tab. Browse. Select. Upload.

### Figure 5: Supporting Documents page

| TRAVEL<br>Attorney Enters | Basic Info    | Authorization Request Documents Confirmation |             |
|---------------------------|---------------|--|-------------|
| Def.: Kip Schild          | Supporti      | ng Documents                                 |             |
| Link to CM/ECF            | File Upload ( | Only Pdf files of 10MB size or less!)        |             |
| <br>Voucher #:            | File          | Choose File No file chosen                   |             |
| Request Date:             | Description   |  |             |
| Decision Date:            |               |  |             |
| Amount Claimed: \$810.00  |               |  | Upload      |
|                           |               |  |             |
|                           | Description   |  | Delete View |
| Tasks                     |               | No Attachments                               |             |



Supporting documents may include: an itinerary and/or car and hotel reservations.



If no PDFs will be added or if all PDFs have been uploaded select the <u>Confirmation</u> tab.

Step 5

The Travel Request will be displayed. Verify the information is correct.

## Figure 6: Confirmation page

| Home Operations Repo                                   | orts CMECF             | Admin                 | Links H                        | elp Sign ou            | t      |   |                    |                       |   |
|--|------------------------|-----------------------|--------------------------------|------------------------|--------|---|--------------------|-----------------------|---|
|  |                        |                       |                                |                        |        |   |                    |                       |   |
| Attorney Enters  | Basic Info             | Authorization         | n Request                      | Documents              | Co     | onfirmation                                   |                    |                       |   |
| Def.: Amy Anderson                                     | comm                   | acion                 |                                |                        |        |   |                    |                       |   |
|  | 1. CIR/DIST/DIV.COI    | DE                    | 2. PERSON RE                   | PRESENTED              |        |   |                    | VOUCHEI               | R NUMBER                                  |
| Link to CM/ECF   | 0969                   | 3 (355                | Amy Anders                     | on                     |        |   | 113 (050           |                       |   |
|  | 3. MAG. DK1/DEF.NU     | MBER                  | 1:23-CR-000                    | 01-1-SLG-MMS           |        | 5. APPEALS, DK1/DEF.                          | NUMBER             | 0. OTHER              | C DK1/DEF.NUMBER                          |
| Voucher #:   | 7. IN CASE/MATTER      | OF(Case Name)         | 8. PAYMENT C                   | ATEGORY                |        | 9. TYPE PERSON REPR                           | RESENTED           | 10. REPR              | ESENTATION TYPE                           |
| Request Date:  | USA v. Amy Ande        | rson                  | Felony (inclu<br>alleged felon | iding pre-trial divers | ion of | Adult Defendant                               |                    | Criminal              | Case                                      |
| Decision Date:   | 11. OFFENSE(S) CHA     | RGED                  | anegeu ielon                   | 27                     |        | 1   |                    |                       |   |
| Amount Claimed: \$0.00                                 | 22DC:3221.F FRA        | UD                    | 2222                           |                        |        |   |                    |                       |   |
|  | Jessica Thomas         | ME AND MAILING AD     | DRESS                          |                        |        | 13. COURT ORDER                               | _                  | D Fada                | ral F Subs for Federal                    |
|  | Email: <u>JTLaw@L/</u> | AWDOG.com             |                                |                        |        | AAssociate                                    | C Co-Cour          | sel Defender          | Defender                                  |
| Tasks  |                        |                       |                                |                        |        | L Learned Counsel<br>(Capital Only)           | Counsel            | ng P Subs<br>Attorney | for Panel R Subs for Retained<br>Attorney |
| Link To Appointment                                    |                        |                       |                                |                        |        | S Pro Se                                      | T Retained         | U Subs                | for Pro Se 🗆 X Administrative             |
|  |                        |                       |                                |                        |        | V Standby Counsel                             | Attorney           |                       |   |
| LINK To Representation                                 |                        |                       |                                |                        |        |   |                    |                       |   |
|  |                        |                       |                                |                        |        | Prior Attorney's Name<br>Appointment Dates    |                    |                       |   |
| Reports  | 14. LAW FIRM NAME      | AND MAILING ADDI      | RESS                           |                        |        | Signature of Presiding Ju<br>Matthew M Scoble | dge or By Order of | the Court             |   |
| TRAVEL Form report with                                |                        |                       |                                |                        |        | Date of Order                                 | N                  | inc Pro Tunc Date     |   |
| attachments  |                        |                       |                                |                        |        | 6/1/2023                                      |                    |                       |   |
| Returns a pdf of this document with<br>all attachments |                        |                       |                                | PEOI                   | TOTO   | RepaymentYES                                  | NO                 | _                     |   |
|  |                        |                       |                                | KEQ(                   | LOIS.  | Purpose and                                   |                    |                       |   |
| Auth Travel - With Notes                               | Traveler               | Travel From           | Travel To                      | Travel Dates           |        | Justification                                 | Estimated          | Authorized            | Court Notes                               |
| Auth Travel  |                        |                       |                                |                        | TOTAL  | S:  |                    |                       |   |
| Voucher History  | Simeters of Atter      | The interview Theorem | KRECINESS OF TH                | LE ABOVE STATEMEN      | 1.5.   |   |                    |                       | Data Signada                              |
|  | Signature of Attor     | ney: Jessica Thoma    | Data Gianad                    | 1                      |        | Index Code                                    |                    |                       | Date Signed:                              |
|  | Signature of Presi     | aing Juage            | Date Signed                    |                        |        | Juage Code                                    |                    | \$0.00                | ea Amount                                 |
|  | Signature of Chief     | f Judge, Court of     | Date Signed                    |                        |        | Judge Code                                    |                    | Approve               | ed Amount                                 |
|  | Appeals (or Delega     | ate)                  | Date Signed                    |                        |        | caugo oodo                                    |                    | \$0.00                |   |
|  |                        |                       | 1                              |                        |        | 1   |                    | 30.00                 | I   |

# Step 6

The Public/Attorney Notes field may be used by attorneys and the CJA Department to communicate.

Click to affirm the truth or correctness box and select <u>Submit.</u>

### Figure 7: Submit

| Public/Attorney<br>Notes   | Attention: T                   | 'he notes you enter will b | e available to the next approval leve | ±l.<br>▼        |   |
|----------------------------|--------------------------------|----------------------------|---------------------------------------|-----------------|---|
| <b>I swear an</b><br>Date: | d affirm the truth or correctn | ess of the above sta       | tements                               | <u>o</u> Submit |   |
| << First < Previou         | s Next> Last>>                 | Save                       | Delete Draft                          | Audit Assist    | _ |

If there are no errors or warnings associated with the document, a success message will be displayed indicating that the document has been submitted.

#### **Figure 8: Success**

