Clear Form

CJA 30 DEATH PENALTY PROCEEDINGS: APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

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. TYPE PERSON REPRESENTED
☐ Adult Defendant ☐ Appellant ☐ Other: _____
☐ Habeas Petitioner ☐ Appellee

9. REPRESENTATION TYPE
☐ D1 28 U.S.C. § 2254 Habeas (Capital) ☐ D3 28 U.S.C. § 2255 (Capital)
☐ D2 Federal Capital Prosecution ☐ D4 Other (Specify) _____

10. 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.*

11. ATTORNEY'S NAME *(First Name, M.I., Last Name, including any suffix)*, **AND MAILING ADDRESS**

Telephone Number: _____

13. NAME AND MAILING ADDRESS OF LAW FIRM
(Only provide per instructions)

12. COURT ORDER:
☐ **O Appointing Counsel** ☐ **C Co-Counsel**
☐ **F Subs For Federal Defender** ☐ **R Subs For Retained Attorney**
☐ **P Subs For Panel** ☐ **Y Standby Counsel**

Prior Attorney's Name: _____ **Appointment Date:** _____

(A) 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 11, who has been determined to possess the specific qualifications by law, is appointed to represent the person in this case.

(B) The attorney named in Item 11 is appointed to serve as: ☐ LEAD COUNSEL ☐ CO-COUNSEL

Name of Co-Counsel or Lead Counsel: _____ **Appointment Date:** _____

(C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each. (e.g., lead counsel or co-counsel).

☐ (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order.

_____
Signature of Presiding Judicial Officer or By Order of the Court

_____ _____
Date of Order **Nunc Pro Tunc Date**

(E) Repayment or partial repayment ordered from the person represented for this service at time of appointment.
☐ **YES** ☐ **NO**

CLAIM FOR SERVICES AND EXPENSES

14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.

CAPITAL PROSECUTION
a. ☐ Pre-Trial
b. ☐ Trial
c. ☐ Sentencing
d. ☐ Other Post Trial
e. ☐ Appeal
f. ☐ Petition for the U.S. Supreme Court Writ of Certiorari

HABEAS CORPUS
g. ☐ Habeas Petition
h. ☐ Evidentiary Hearing
i. ☐ Dispositive Motions
j. ☐ Appeal
k. ☐ Petition for the U.S. Supreme Court Writ of Certiorari

OTHER PROCEEDING
l. ☐ Stay of Execution
m. ☐ Appeal of Denial of Stay
n. ☐ Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay
o. ☐ Other _____

HOURS AND COMPENSATION CLAIMED

15. CATEGORIES *(Attach itemization of services with dates)*	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. In-Court Hearings (RATE PER HOUR = $)		0.00		IN COURT TOTAL *Category a*	IN COURT TOTAL *Category a*
b. Interviews and Conferences with Client					
c. Witness Interviews					
d. Consultation with Investigators & Experts					
e. Obtaining & Reviewing the Court Record					
f. Obtaining & Reviewing Documents and Evidence				OUT OF COURT TOTAL *Categories b–j*	OUT OF COURT TOTAL *Categories b–j*
g. Consulting with Expert Counsel					
h. Legal Research and Writing					
i. Travel					
j. Other *(Specify on additional sheets)*					
TOTALS: Categories b thru j (RATE PER HOUR = $)	0.0	0.00			

CLAIM FOR TRAVEL AND EXPENSES *(Attach itemization of expenses with dates)*

16. Travel Expenses *(lodging, parking, meals, mileage, etc.)*					
17. Other Expenses *(other than expert, transcripts, etc.)*					
GRAND TOTALS (CLAIMED AND ADJUSTED):		0.00			

18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE
FROM: _____ **TO:** _____

19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

20. CASE DISPOSITION

21. CLAIM STATUS ☐ **Final Payment** ☐ **Interim Payment Number** _____ ☐ **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 any one else, received payment *(compensation or anything of value)* from any other source in connection with this representation? ☐ **YES** ☐ **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

22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED

27. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER	DATE	27a. JUDGE CODE