©CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08) 1. CIR./DIST./ DIV. CODE 2. PERSON REPRESENTED VOUCHER NUMBER 6. OTHER DKT. NUMBER 3. MAG. DKT./DEF. NUMBER 4. DIST. DKT./DEF. NUMBER 5. APPEALS DKT./DEF. NUMBER 9. TYPE PERSON REPRESENTED 10. REPRESENTATION TYPE 7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY ☐ Petty Offense \square Felony ☐ Adult Defendant ☐ Appellant (See Instructions) ☐ Misdemeanor ☐ Other ☐ Juvenile Defendant ☐ Appellee Other ☐ Appeal 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 TRANSCRIPT 12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) 13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). 14. SPECIAL AUTHORIZATIONS JUDGE'S INITIALS A. Apportioned Cost % of transcript with (Give case name and defendant) B. □ 14-Day □ Expedited □ Daily □ Hourly ☐ Realtime Unedited ☐ Prosecution Argument ☐ Prosecution Rebuttal ☐ Prosecution Opening Statement ☐ Defense Argument Jury Instructions D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act. 15. ATTORNEY'S STATEMENT 16. COURT ORDER As the attorney for the person represented who is managed above, I hereby affirm that the Financial eligibility of the person represented having been established to the Court's transcript requested is necessary for adequate representation. I, therefore, request satisfaction the authorization requested in Item 15 is hereby granted. authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. Signature of Attorney Date Signature of Presiding Judge or By Order of the Court Date of Order Printed Name Nunc Pro Tunc Date Telephone Number: ☐ Retained Attorney ☐ Pro-Se ☐ Legal Organization ☐ Panel Attorney **CLAIM FOR SERVICES** 17 COURT REPORTER/TRANSCRIBER STATUS 18. PAYEE'S NAME AND MAILING ADDRESS ☐ Official ☐ Contract ☐ Transcriber ☐ Other 19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE Telephone Number: INCLUDE LESS AMOUNT 20. TRANSCRIPT NO. OF PAGES RATE PER PAGE SUB-TOTAL TOTAL PAGE NUMBERS APPORTIONED Original Copy Expense (Itemize) TOTAL AMOUNT CLAIMED: 21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED 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 ATTORNEY CERTIFICATION 22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. Signature of Attorney or Clerk APPROVED FOR PAYMENT — COURT USE ONLY 23. APPROVED FOR PAYMENT 24. AMOUNT APPROVED

Signature of Judge or Clerk of Court