CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 10/23)

1. CIR./DIST./ DIV. CODE 2. PERSON REPRESENTED					VOUCHER NUMBER		
B. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUM	MBER	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name)		8. PAYMENT CATEGORY Felony Petty Offense Misdemeanor Other Appeal		9. TYPE PERSON REP Adult Defendant Juvenile Defendant Other	RESENTED	10. REPRESENTATION TYPE (See Instructions)	
11. OFFENSE(S) CHARGED (Cite U	U.S. Code,	Title & Section) If more the	an one offense, list (u	o to five) major offenses ci	harged, according to s	severity of offense.	
REQUEST AND AUTHORIZATION FOR TRANSCRIPT							
12. PROCEEDING IN WHICH TRA	ANSCRIPT	IS TO BE USED (Describ	e briefly)				
13. PROCEEDING TO BE TRANS argument, defense argument, pro						nent, defense opening	g statement, prosecution
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost% of transcript with (Give case name and defendant)							
B. 14-Day Transcript 7-Day 3-Day Next-Day 2-Hour Realtime Unedited							
C. Prosecution Opening Statement Prosecution Argument Prosecution Rebuttal Defense Opening Statement Defense Argument Voir Dire 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 As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. 16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. 							
Signature of Attorney Date Signature of Presiding Judge or By Order of the Court							e Court
Printed Name Telephone Panel Attorney Panel Attorney Pro-Se Legal Organization				Date of Order Nunc		Pro Tunc Date	
	u i intoinie)		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:			
20. TRANSCRIPT		INCLUDE	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT	TOTAL
Original		PAGE NUMBERS				APPORTIONED	
Сору							
Expense (Itemize)							
TOTAL AMOUNT CLAIMED:							:
 CLAIMANT'S CERTIFICATIO I hereby certify that the above cla for these services. 			ect, and that I have no	t sought or received paym	ent (compensation or	anything of value) fi	rom any other source
Signature of Claimant/Payee Date							
		A	ATTORNEY C	ERTIFICATION			
22. CERTIFICATION OF ATTORN	EY OR CL	ERK I hereby certify that	the services were ren	dered and that the transcri	pt was received.		
Signature of Attorney or Clerk Date APPROVED FOR PAYMENT — COURT USE ONLY							
23. APPROVED FOR PAYMENT 24. AMOUNT APPROVED 24. AMOUNT APPROVED							
Signature of Judge or Clerk of Court Date							