

PREPARATION AND FILING OF CJA FORM 21

FILING INSTRUCTIONS. Complete Items 2, 5, 7, 8, 9, 10, 12, 13, 14, 16, 17 & 18 on the CJA 21 Voucher according to the instructions below. Attach invoice or statement to completed voucher.

If the voucher is for printing services, also attach the last numbered page of the brief/appendix/certiorari petition and indicate on the invoice the number of additional, unnumbered pages in the brief/appendix/certiorari petition. If more than 8 copies of a brief or 7 copies of an appendix were reproduced, state on the invoice the number of co-defendants involved in the appeal. If an appendix in excess of 500 double-sided sheets was reproduced, state on the invoice the date of any order granting leave to file an oversize appendix. If duplication costs for a petition for writ of certiorari exceed \$300, attach advance authorization for the expense obtained from the Court of Appeals.

Please submit the completed voucher, invoice, and supporting documentation to the attention of Patty Layne, Clerk's Office, 1100 East Main Street, Suite 501, Richmond, VA 23219-3517 by mail or hand delivery.

ITEM 2. PERSON REPRESENTED: Give the full name of the person represented. "Tab" to Item 5.

ITEM 5. APPEALS DKT. NUMBER: Enter the docket number of the appeal. "Tab" to Item 7.

ITEM 7. IN CASE/MATTER OF (Case Name): Enter *U.S. vs. Defendant's Name*. If it is a multiple defendant case, enter *U.S. vs. Lead Defendant's Name, et al.* "Tab" to Item 8.

ITEM 8. PAYMENT CATEGORY: Click on the box by *Appeal* or *Other*. The *appeal* category covers direct appeals from conviction or sentence, and §2254, §2255, and §2241 appeals. The "*Other*" category includes: bail appeals, interlocutory appeals, supervised release violation appeals, mental condition hearing appeals, grand jury witness appeals, government appeals from orders suppressing evidence or dismissing indictments/informations; and motions for authorization to file successive habeas petitions.

ITEM 9. TYPE PERSON REPRESENTED: Click on the box by *Appellant*, *Appellee*, or *Other*. The "*Other*" category includes 28 U.S.C. §2244 - Movants. "Tab" to Item 10.

ITEM 10. REPRESENTATION TYPE: Enter *TD* for *Trial Disposition* for appeals from criminal conviction or sentence after trial or guilty plea. Enter *HA* for § 2254, § 2255, or § 2241 appeals. Enter *CK* for *appeals from orders on sentence reduction motions based on guideline amendments relating to crack cocaine. 18 U.S.C. § 3582(c)*. Enter *CA* for *bail appeals*,

interlocutory appeals, supervised release violation appeals, mental condition hearing appeals, grand jury witness appeals, government appeals from orders suppressing evidence or dismissing indictments/informations, and motions for authorization to file a successive habeas petition.

ITEM 12. ATTORNEY'S STATEMENT: The attorney for the defendant shown in Item 2 must sign and date this section. Click on the box by *Panel Attorney* or *Retained Attorney*. Enter the attorney's name, mailing address, and telephone number. "Tab" to Item 16.

ITEM 13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES: Briefly describe the nature of the services requested and the reason the services are necessary to provide adequate representation.

ITEM 14. TYPE OF SERVICE PROVIDER: Select the type of service from among the options in Item 14, or select other and specify the type of service provided.

ITEM 16. SERVICES AND EXPENSES: Enter the amount claimed on line "c" *Other Expenses*, and enter the total on the line *GRAND TOTALS (CLAIMED AND ADJUSTED)*. "Tab" to Item 17. Duplication services totaling less than \$100 must be claimed on counsel's CJA20 Voucher rather than through a separate CJA21 Voucher. Duplication services for appendices in excess of 500 pages or certiorari petitions costing more than \$300 require advance authorization of the Court of Appeals. Petitions for rehearing must be copied in-house by the attorney as the Court does not reimburse commercial printers for copying petitions for rehearing or rehearing en banc. Services provided by paralegals can be claimed at an hourly rate of \$35, and services provided by law clerks can be claimed at an hourly rate of \$50, if such services will result in greater efficiency and lower costs for the CJA program. If the total cost of such services will exceed \$500, advance authorization is required. Secretarial services are not reimbursable.

ITEM 17. PAYEE'S NAME AND MAILING ADDRESS: Enter the name and address of the service provider, Taxpayer Identification Number (TIN), and telephone number. Enter the dates the service was provided in *Service From* _____ *To* _____. An authorized representative of the Payee must sign and date this section.

ITEM 18. CERTIFICATION OF ATTORNEY: The attorney for the defendant shown in Item 2 must sign and date this section.