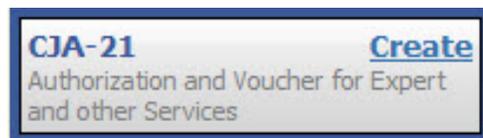


Creating a CJA-21 Voucher

Note: There is **NOT AN AUTOSAVE** function on this program. You must click **Save** periodically to save your work.

Step 1

On the Appointment page, from the CJA-21 voucher template, click the **Create** link to open the Basic Info page.



Step 2

When submitting a CJA-21 voucher, the Authorization Selection section displays in one of two ways, depending on the availability of associated authorizations.

Associated Authorizations Available

If associated authorizations are available, they display in ascending order by ID number.

Basic Info

1. CIR./DIST./DIV./CODE 0101	2. PERSON REPRESENTED Jebediah Branson	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:14-CR-08805-1-AA	5. APPEALS. DKT./DEF. NUMBER	6. OTHER. DKT./DEF. NUMBER
7. IN CASE MATTER OF (Case Name) USA v. Branson	8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Criminal Case
11. OFFENSE(S) CHARGED 15:1825.F INSPECTION VIOLATION PENALTIES			
EXCESS FEE LIMIT \$11,500.00	PRESIDING JUDGE Albert Albertson	MAGISTRATE JUDGE	DESIGNEE 1 DESIGNEE 2

Authorization Selection

Select the Associated Authorization, or click No Authorization Required.

Please Select the Associated Authorization

ID Number: 917 Order Date: 12/14/2021 Authorized Amount: \$1,000.00 Grand Total Amount: \$2,200.00	Service Type: Chemist/Toxicologist Estimated Amount: \$1,000.00 Notes:
ID Number: 920 Order Date: 12/14/2021 Authorized Amount: \$10,000.00 Grand Total Amount: \$10,000.00	Service Type: Psychologist Estimated Amount: \$10,500.00 Notes:
ID Number: 955 Order Date: 01/25/2022 Authorized Amount: \$900.00 Grand Total Amount: \$1,300.00	Service Type: Chemist/Toxicologist Estimated Amount: \$900.00 Notes:

[No Authorization Required](#)
If your voucher compensation is under the statutory limit and does not require prior authorization.

Note: The **No Authorization Required** link is located below the authorization choices.

If you are using an approved authorization, click the desired authorization, which is then highlighted in blue. *You cannot continue until the authorization is highlighted.*

Please Select the Associated Authorization	
ID Number: 4 Order Date: 03/04/2014 Authorized Amount: \$1,000.00 Grand Total Amount: \$1,500.00	Service Type: Chemist/Toxicologist Estimated Amount: \$1,000.00 Notes: Abraham Astley
ID Number: 186 Order Date: 02/01/2017 Authorized Amount: \$100.00 Grand Total Amount: \$100.00	Service Type: Interpreter/Translator Estimated Amount: \$5,000,000.00 Notes:

If the voucher does not require advance authorization, click the **No Authorization Required** link.

[No Authorization Required](#)
 If your voucher compensation is under the statutory limit and does not require prior authorization.

Associated Authorizations Unavailable

If there are no associated authorizations available, a message appears stating that no authorization requests were found, and you must click the **No Authorization Required** link to proceed.

Basic Info			
1. CIR. DIST. DIV. CODE 0101	2. PERSON REPRESENTED Catherine Brown	VOUCHER NUMBER	
3. MAG. DKT. DEF. NUMBER 1:14-MJ-07020-2-BB	4. DIST. DKT. DEF. NUMBER	5. APPEALS. DKT. DEF. NUMBER	6. OTHER. DKT. DEF. NUMBER
7. IN CASE MATTER OF (Case Name) USA v. Roberts et al	8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Criminal Case
11. OFFENSE(S) CHARGED CMP 18:13-3400.F THEFT OF U.S. PROPERTY			
EXCESS FEE LIMIT \$100,000.00	PRESIDING JUDGE Barney Ball	MAGISTRATE JUDGE	DESIGNEE 1
			DESIGNEE 2

Authorization Selection
Select the Associated Authorization, or click No Authorization Required.

Please Select the Associated Authorization

No Authorization Requests Found

No Authorization Required

If your voucher compensation is under the statutory limit and does not require prior authorization.



Step 3

The service type auto-populates based on the authorization selected. If no authorization is being used, click the **Service Type** drop-down arrow and select the service type. In the **Description** field, enter a description of the service to be provided.

New Voucher Information

Service Type Chemist/Toxicologist *

Description Toxicology report

Step 4

From the **Expert** drop-down list, select the expert. If the service providers or experts have rights to enter their own expenses, the Voucher Assignment radio buttons become active. Click the appropriate radio button to indicate whether you or the expert will enter the service fees on the voucher. Once you have made your selection, click **Create Voucher**.

Service Provider

You can search one of the service providers already in the system
OR you can enter the required information for another provider

Expert Jennings, Julie

Expert Info
Details

Julie Jennings
110 Main Street
San Antonio TX 78210 US
Phone: 210-452-5512

Voucher Assignment * Attorney Expert
This indicates who will be responsible for filling the voucher claim part

Create Voucher

Notes:

- Only experts assigned with the service type selected appear in the drop-down list.
- All information must be entered to advance to the next screen.
- If the expert selected is authorized to use eVoucher, you are done at this point and can click **Home** or **Sign out**.
- If the expert selected is not authorized to use eVoucher, the attorney must file the voucher on behalf of the expert. The voucher appears in the My Active Documents section as submitted to the attorney. They must perform the second-level approval/submission by clicking the voucher, navigating to the Confirmation page, and approving the voucher, which then moves to the My Submitted Documents section.

Step 5

If the expert does not have an eVoucher account and profile, you must contact an eVoucher administrator to add a new provider.

New Voucher Information

Service Type Chemist/Toxicologist *

Description

Service Provider
Search for a service provider. If you do not find who you are looking for, contact an eVoucher administrator to add a new provider.

Expert [Empty dropdown]

Voucher Assignment * Attorney Expert
This indicates who will be responsible for filling the voucher claim part

Create Voucher

<< First < Previous Next > Last >> Delete Draft

Step 6

If the service providers or experts have rights to enter their own expenses, the Voucher Assignment radio buttons become active. Click the appropriate radio button to indicate whether you or the expert will enter the service fees on the voucher.

New Voucher Information

Service Type Interpreter/Translator *

Description

Service Provider
You can search one of the service providers already in the system
OR you can enter the required information for another provider

Expert Campos, Charlene

Expert Info Details
Charlene Campos
110 Main Street
San Antonio TX 78210 US
Phone: 210-477-2344

Voucher Assignment * Attorney Expert
This indicates who will be responsible for filling the voucher claim part

Create Voucher

Step 7

Click **Create Voucher**.

110 Main Street
San Antonio TX 78210 US
Phone: 210-477-2344

Voucher Assignment * Attorney Expert
This indicates who will be responsible for filling the voucher claim part

Create Voucher

Notes:

- The expert goes through an approval process. Once approved, an email is sent to the attorney.
- When you select the expert from the **Expert** drop-down list, their information automatically populates.
- If the attorney submitted the voucher for the expert, they must approve the voucher twice—once while sending it for the expert, and again after it appears in the My Active Documents section.

Step 8

Click the **Services** tab, or click **Next** on the progress bar. In the corresponding fields, enter the date, units, rate, and description. Click **Add**. The entry appears at the bottom of the Services section. Click **Save**.

Basic Info **Services** Expenses Claim Status Documents Confirmation

Services

Date: 4/17/2020 * Description:

Service Type: *

Doc.# (ECF): Pages:

Hours: * at \$152.00 per hour. Add Remove

* Required Fields

Service Type	Date	Description	Hrs	Rate	Amt
(Empty)					

No data to paginate < > Go to page: View items per page: 10 25 50 100

« First < Previous Next > Last » **Save** Delete Draft Audit Assist

Step 9

Click the **Expenses** tab, or click **Next** on the progress bar. In the corresponding fields, enter the date, expense type, description, and miles. Click **Add**. The entry now appears in the Expense Type column. Click **Save**.

Basic Info Services **Expenses** Claim Status Documents Confirmation

Expenses

Date: 4/17/2020 * Expense Type: * Description: * Miles: at \$0.575 per mile. Amount: Add Remove

* Required Fields

To group by a particular Header, drag the column to this area.

Expense Type	Date	Description	Mile	Rate	Amt
(Empty)					

No data to paginate < > Go to page: View items per page: 10 25 50 100

<< First < Previous **Next >** Last >> Save Delete Draft Audit Assist

Step 10

Click the **Claim Status** tab, or click **Next** on the progress bar. Enter the start and end dates, making sure to select the earliest date of services and expenses as the start date. In the Payment Claims section, click the appropriate radio button, and then click **Save**.

Basic Info Services Expenses **Claim Status** Documents Confirmation

Claim Status

Start Date: * End Date: *

Payment Claims *

- Final Payment
- Interim Payment (payment #)
- Supplemental Payment
- Withholding Return Payment

** Reminder: Please select the appropriate claim status.

* Required Fields

<< First < Previous **Next >** Last >> Save Delete Draft Audit Assist

Notes:

- Final payment is requested after all services have been completed.
- Interim payment allows for payment in segments, but each court's practice may differ. If using this type of payment, indicate the number of this request payment.
- After the final payment number has been submitted, supplemental pay may be requested due to a missed or forgotten receipt.
- At the end of the case, to request return payment of withheld funds, click the **Withholding Return Payment** radio button on a blank CJA-21.

Step 11

Click the **Documents** tab, or click **Next** on the progress bar. To add an attachment, click **Browse** to locate your file, and then enter a description of the attachment. Click **Upload**. The attachment and description are added to the voucher and appear in the Description column. Click **Save**.

Basic Info Services Expenses Claim Status **Documents** Confirmation

Supporting Documents

File Upload (Only Pdf files of 10MB size or less!)

File C:\Users\JaimeLongoria\ Browse...

Description Document

Upload

Description	Delete	View
Document	Delete	View

< First < Previous **Next >** Last >

Save Delete Draft Audit Assist

Note: All documents must be submitted in PDF format and must be 10 MB or less.

Step 12

Click the **Confirmation** tab, or click **Next** on the progress bar. In the **Public/Attorney Notes** field, you can include any notes to the court. Select the check box to swear to and affirm the accuracy of the authorization, which automatically time stamps it. Click **Submit**.

Basic Info Services Expenses Claim Status Documents **Confirmation**

Confirmation

1. CIR. DIST. DIV. CODE 0101	2. PERSON REPRESENTED Debediah Branson	VOUCHER NUMBER	
3. MAC. DKT/DEF NUMBER	4. DIST. DKT/DEF NUMBER 1:14-CR-00305-1-A-A	5. APPEALS. DKT/DEF NUMBER	6. OTHER. DKT/DEF NUMBER
7. IN CASE MATTER OF (Case Name) USA v. Branson	8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Criminal Case

11. OFFENSE(S) CHARGED
15-1825.F INSPECTION VIOLATION PENALTIES

12. ATTORNEY'S STATEMENT
As the Attorney for the person represented above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:
 Authorization to obtain the service. Estimated compensation: \$1000.00
 Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation.

Signature of Attorney
 Andrew Anders
 110 Main Street
 San Antonio TX 78210
 Phone: 210-833-5623
 Cell phone: 210-555-1234
 Email: haa_omelas@actx.uscourts.gov

13. DESCRIPTION AND JUSTIFICATION FOR SERVICE(S) (see instructions)	14. TYPE OF SERVICE PROVIDER
16. COURT ORDER Financial eligibility of the person represented having been established by the court's satisfaction, the authorization requested in item 12 is hereby granted. Signature of Presiding Judge or By Order of the Court Albert Albertson Date of Order 03/04/2014 Nunc Pro Tunc Date Repayment <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 01 Investigator <input type="checkbox"/> 15 Other Medical <input type="checkbox"/> 02 Interpreter/Translator <input type="checkbox"/> 16 Voice/Audio Analyst <input type="checkbox"/> 03 Psychologist <input type="checkbox"/> 17 Hair/Fiber Expert <input type="checkbox"/> 04 Psychiatrist <input type="checkbox"/> 18 Computer (Hardware/Software/Systems) <input type="checkbox"/> 05 Polygraph <input type="checkbox"/> 19 Paralegal Services <input type="checkbox"/> 06 Documents Examiner <input type="checkbox"/> 20 Legal Analyst/Consultant <input type="checkbox"/> 07 Fingerprint Analyst <input type="checkbox"/> 21 Jury Consultant <input type="checkbox"/> 08 Accountant <input type="checkbox"/> 22 Mitigation Specialist <input type="checkbox"/> 09 CALR (Worflow/Letis, etc.) <input type="checkbox"/> 23 Duplication Services <input type="checkbox"/> 10 Chemist/Toxicologist <input type="checkbox"/> 24 Other (Specify) <input type="checkbox"/> 11 Ballistics <input type="checkbox"/> 25 Litigation Support Services Expert <input type="checkbox"/> 12 Weapons/Firearms/Explosive Expert <input type="checkbox"/> 26 Computer Forensic Expert <input type="checkbox"/> 14 Pathologist/Medical Examiner

NOTES
Abraham Astley

CLAIMS FOR SERVICES AND EXPENSES		FOR COURT USE ONLY	
14. SERVICES AND EXPENSES	AMOUNT CLAIMED	ADJUSTED AMOUNT	REVIEW
A. Compensation	\$0.00		\$0.00
B. Travel Expenses (lodging, parking, meals, mileage, etc.)	\$0.00		\$0.00
C. Other Expenses	\$0.00		\$0.00
GRAND TOTALS (CLAIMED AND ADJUSTED)	\$0.00		0.0

15. PAYEE'S NAME
 Abraham Astley TIN: XX-XXXXXXX
 110 Main Street
 San Antonio TX 78210 US
 Phone: 210-555-3434
 Final Payment
 Interim Payment (#)
 Supplemental Payment
 Withholding Payment (---) (Total ---)

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE: FROM 04/20/2020 TO 04/20/2020
 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: _____ Date: _____

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.
 Signature of Attorney: _____
 Date Signed: _____

APPROVED FOR PAYMENT - COURT USE ONLY			
19. TOTAL COMP.	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMT. APPR. CERT.

23. Either the cost (including expenses) of these services does not exceed the statutory maximum, or prior authorization was obtained.
 Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (including expenses) exceeds the statutory maximum.

Signature of Presiding Judge _____ Date _____ Judge Code _____

24. TOTAL COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT

18. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD
 Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____ Total Amt. Certified For Payment _____

Attention: The notes you enter will be available to the next approval level.

Public/Attorney Notes

I swear and affirm the truth or correctness of the above statements
 Date: 4/20/2020 21:27:33

Submit

< First < Previous **Next >** Last > Save Delete Draft Audit Assist

Step 13

A confirmation screen appears, indicating the previous action was successful and the voucher has been submitted. Click the **Home Page** link to return to the home page. Click the **Appointment Page** link if you wish to create an additional document for this appointment.

