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)	8. PAYMENT CATEGORY	9. TYPE PERSON REPRESENTED	10. REPRESENTATION TYPE
USA v. Branson	Felony (including pre-trial diversion of alleged felony)	Adult Defendant	Criminal Case
11. OFFENSE(S) CHARGED 15:1825.F INSPECTION VIOLATIO	ON 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	1
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 Authorizatio	n
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.



Associated Authorizations Unavailable

or autho

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.

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 9. TYPE PERSON REPRESENTED Felony (including pre-trial diversion of alleged felony) Adult Defendant		10. REPRESENTATION TYPE Criminal Case	
11. OFFENSE(5) 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 Sele	ction , or click No Authorization Required.		DESIGNEE 2	
Please Select the Associated	Authorization			
	s Found			

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.

ſ	New Voucher Information						
	Service Type	Chemist/Toxicologist	*				
		Toxicology report.	~				
	Description		~				
l							

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, Ju	Jlie ✓					
Expert Info	Julie Jennings					
Details	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.

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. administrator to add a new pr	If you do not find who you are looking for, contact an eVoucher ovider.						
Expert	✓						
Voucher Assignment *	Attorney						
This indicates who will be resp	onsible for filling the voucher claim part						
Create Voucher							
« First < Previous Ne	ext > 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 Informa	ation	
Service Type	Interpreter/Translator 🗸 *	
Description	~	
Service Provider You can search one of the ser OR you can enter the required	rvice providers already in the system d information for another provider	
Expert Campos, Cha	arlene 🗸	
Expert Info Details	Charlene Campos 110 Main Street San Antonio TX 78210 US Phone: 210-477-2344	
Voucher Assignment * This indicates who will be resp Create Voucher	• Attorney • Expert <i>ponsible for filling the voucher claim part</i>	

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Click Create Voucher.

	110 Main Street San Antonio TX 78210 US Phone: 210-477-2344
Voucher Assignment * This indicates who will be resp.	OAttorney • Expert
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	Exper	nses 🕨 Clair	m Status 🕨 Do	cuments	Confirmati	on			
Service	es									
Date Service Type Doc.# (ECF) Hours	4/17/2020 *	Pages at \$152.00	per hour.	Description *				٨dd	Remove	e .
* Required Fields										
* Required Fields	oarticular Header,	drag the col	umn to this area.							
* Required Fields To group by a p Service Type	oarticular Header,	drag the col	umn to this area. Description					Hrs	Rate	Amt
* Required Fields To group by a p Service Type	particular Header,	drag the col Date 🔺	umn to this area.	(Empty)			Hrs	Rate	Amt
Required Fields To group by a p Service Type No data to pa	ginate <>	drag the col	umn to this area. Description	(Empty) Go to page	:	View items pe	Hrs er page	Rate	Amt

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	Experies	ises 🕨 Claim	Status Doci	Iments Confirmation		
Expens	ses						
Date	4/17/2020	* 🇰		Description			*
Expense Type			*				
Miles		at \$0.575 pe	mile.				*
Amount						Add R	emove
* Required Fields							
To group by a p	oarticular Header,	drag the col	umn to this area.				
Expense Type		Date 🔺	Description			Mile R	ate Amt
				(Empty)			
No data to pa	iginate < >				Go to page: View it	tems per page: 1	<u>10 25 50 100</u>
« First <	Previous	xt > L	ast »	Save	Delete Draft	Au	udit 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 In	fo Services	Expenses	laim Status	Documents	Confirmation	_
Clain	n Status					
Start D	ate	*		End Date	*	
Paym	ent Claims *					
O Fin	al Payment					
O Int	erim Payment	(payment #)				
O Sup	plemental Payment					
O wit	hholding Return Paym	ient				
** Remi	nder: Please select the	e appropriate claim status.				
* Required Fi	elds					
« First	< Previous Next	t > Last »	Save]	Delete Draft	Audit Assist

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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 St	atus	Document	s ⊨ Co	onfirmation	-	
Suppor	ting Doc	uments	5						
File Uploa	d (Only Pdf fil	es of 10MB s	size or less	:!)					
File	C:\Users\Jai	neLongoria\l	Browse]					
Description	Document								
								U	pload
Description								Delete	View
Document								Delete	View
« First < P	revious Next >	Last »		Save		Dele	te Draft	Au	dit Assist

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

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**.

Confirmation						
. CIR/DIST/DIV.CODE	2. PERSON REPRESENTED			VOUCHER NU	MBER	
101	Jebediah Branson		IDED	6 OTHER DET/DEF NUMBER		
1:14-CR-08805-1-AA						
7. IN CASE/MATTER OF(Case Name) 8. PAYMENT CATEGORY Felony (including pre-trial diversi		9. TYPE PERSON REPRESENTED		10. REPRESENTATION TYPE		
JSA v. Branson	of alleged felony)	Adult Defendant		Criminal Ca	se	
11. OFFENSE(S) CHARGED 5:1825.F INSPECTION VIOLAT	ION PENALTIES					
2. ATTORNEY'S STATEMENT as the Attorney for the nerson represented abo	ve. I hereby affirm that the services requested are nec	essary for adequate representatio	n. I hereby reques			
Authorization to obtain the service. Estimate	nted compensation: \$1000.00	,,,				
Approval of services already obtained to b	e paid for by the United States from the Defender Ser	vices Appropriation.				
ignature of Attorney						
Andrew Anders 10 Main Street						
an Antonio TX 78210						
Phone: 210-833-5623 Cell phone: 210-555-1234						
mail: lisa_ornelas@aotx.uscourts.	gov					
3. DESCRIPTION AND JUSTIFICATION	FOR SERVICES(See instructions)	14. TYPE OF SERVICE PRO	OVIDER			
	01 Investigator		15 Other Medical			
5 COURT ORDER	COURT ORDER			16 Voice/Au	lio Analyst	
inancial eligibility of the person represented h	CURT ORDER cial eligibility of the person represented having been established by the court's satisfaction. the		03 Psychologist 04 Psychologist		17 Hair/Fiber Expert 18 Computer	
uthorization requested in item 12 is hereby gra	inted.	 05 Polygraph 	□ 05 Polygraph (Hard			
ignature of Presiding Judge or By Order of th Albert Albertson	ature of Presiding Judge or By Order of the Court bert Albertson			19 Paralegal Services 20 Legal Analyst/Completant		
late of Order N 13/04/2014	unc Pro Tunc Date	07 Fingerprint Analyst 08 Accountant		20 Legal Analyst/Consultant 21 Jury Consultant		
Repayment □ YES ≥ NO		09 CALR (Westlaw/Lexis, etc.)		22 Mitigation Specialist		
		☑ 10 Chemist/Toxicologist		23 Duplication 24 Others (Sec.)	n Services	
		11 Ballistics		24 Other (Sp 25 Litigation	ecity) Support Services	
		Expert	xpiosive	26 Computer	Forensics Expert	
		14 Pathologist/Medical Examiner				
NOTES						
Abraham Astley						
CLAIMS FOR SER 16. SERVICES AND EXPENSES	AMOUNT CLAIMED	ADJUS	FOR COUR STED AMOUNT	REVIEW		
 Compensation Traval Expanses (ladging narking med) 	\$0.00		\$0.00			
ulleage, etc.)	~ \$0.00 \$0.00		\$0.00			
GRAND TOTALS	\$0.00		0.0			
(CLAIMED AND ADJUSTED) 17. PAYEE'S NAME						
Abraham Astley TIN: XX-XXXX	XXX	Final Payment				
10 Marine Charact						
10 Main Street an Antonio TX 78210 US		 Interim Payment (#) Supplemental Payment 				
10 Main Street an Antonio TX 78210 US 'hone: 210-555-3434		Interim Payment (#) Supplemental Payment Withholding Payment (·) (Total)			
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