

**Requests for CJA-21
Authorization and Voucher for Expert & Other Services**

Person Represented:

Name:
Type:

<input type="checkbox"/> Adult Defendant	<input type="checkbox"/> Appellant
<input type="checkbox"/> Juvenile Defendant	<input type="checkbox"/> Appellee
<input type="checkbox"/> Other: _____	

Case Name: _____

Case Number: _____

Defendant #: (____)

Payment Category:

<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Appeal
<input type="checkbox"/> Petty Offense		
<input type="checkbox"/> Other: _____		

Offense (List all that apply):

Title: _____	Section: _____	**
Title: _____	Section: _____	**
Title: _____	Section: _____	**
Title: _____	Section: _____	**
Title: _____	Section: _____	**

** Must be specific...
Include all numeric and
alpha characters

Name of Attorney: _____

Telephone Number: _____

(____) _____ - _____

Type of Appointment:

<input type="checkbox"/> Appointing Counsel	<input type="checkbox"/> Co-Counsel
<input type="checkbox"/> Subs. For Federal Defender	<input type="checkbox"/> Subs. For Retained Atty.
<input type="checkbox"/> Subs. For Panel Attorney	<input type="checkbox"/> Standby Counsel Attorney

Description & Justification for Services: _____

Type of Service Provider (see instructions): _____

Payee's Name & Tax ID#: _____ / _____

Payee's Address: _____

Estimated Cost: \$ _____

Presiding Judge: _____

Return Form To:
U.S. District Court/Financial Unit
2 Niagara Square Buffalo, NY 14202
(716) 551-1735 Fax or Email
maria_gomolka@nywd.uscourts.gov