Budgeting

In non-capital representations of unusual complexity that are likely to become extraordinary in terms of cost, a case may be referred to a Ninth Circuit Case Budgeting Attorney by any stakeholder (Judge, appointed attorney, CJA Administrator) for case budgeting, consistent with the CJA Guidelines, Vol. 7A, Ch. 2, §§ 230.26.10–20.

Budgeting is required in all capital cases.

Ninth Circuit Case Budgeting Attorney Suzanne Morris can be reached by telephone at (415) 355-8982 or via email <u>smorris@ce9.uscourts.gov</u>. For additional information on budgeting, please review: <u>www.ca9.uscourts.gov/cja</u>.

Submitting a Budget in eVoucher using Budget AUTH

If you are preparing a budget for attorney and service provider fees and it is ready for review by the Court, the budget should be submitted in eVoucher using the Budget AUTH document.



Fill out the appropriate Capital or Non-Capital Funding Application form as directed by the Ninth Circuit Case Budgeting Attorney (CBA). After review and consultation with the CBA, follow the instructions below to submit the document to the Court.



Click the hyperlink for the correct case to access the Appointment Info page.

CJA eVoucher - Arizona District Court Court Test - Release 6.3.1.0							
Operations	Reports	Links	Help	Sign out			
	lest - Release	Fest - Release 6.3.1.0	Fest - Release 6.3.1.0				



Step 3

On the Appointment Info page, in the Create New Voucher section, click the **Create** hyperlink next to BUDGETAUTH.

In this page you will find a summary about this	1. CIR./DIST/DIV.CODE 0970	2. PERSON REPRESENTED Sample Defendant	
appointment, including a list of vouchers related to this	3. MAG. DKT/DEF.NUMBER 3:19-MJ-00001-1-JI	4. DIST. DKT/DEF.NUMBER 3:19-CR-00001-1-JI	
appointment and links to create new vouchers	7. IN CASE/MATTER OF(Case Name) USA v. Defendant	8. PAYMENT CATEGORY Felony (including pre-trial diversi of alleged felony)	
<u>Diew Representation</u>	11. OFFENSE(S) CHARGED 8:1326.F REENTRY OF DEPOR' 12. ATTORNEY'S NAME AND MAILING	TED ALIENS	
Create New Voucher	Sample Attorney 1234 Street Name Phoenix AZ 85018		
AUTH Create Authorization for Expert and other Services	Phone: 602-111-0000 - Fax: 602-1 Email: <u>deadmail@support.aotx.us</u>		
AUTH-24 Create Authorization for payment of transcript			
BUDGETAUTH Create Authorization for Excess Attorney Fees and/or Expert and other Services on Budgeted Case	14. LAW FIRM NAME AND MAILING A	ADDRESS	
CJA-20 Create Appointment of and Authority to Pay	Vouchers on File		
in the second seco		, drag the column to this area.	

Step 4

On the **Basic Info** tab of the Budget AUTH, you must enter information in the **Budget Phase/Stage** (i.e. Pretrial/Trial/Clemency, One/Two, etc.) and **Requested Additional Attorney Fees** fields. Optionally, in the **Notes** field, you can add notes that you would like to be viewed with the requested amounts (you still have an opportunity to include notes on the **Confirmation** tab). If no attorney fees are being requested in this request, you MUST enter **\$0** to submit the Budget AUTH.

BUDGETAUTH	Production and the			
Attorney Enter Authorization	Basic Info	tion Request Documents	Confirmation	
	Basic Info			
Def.: Sample Defendant	1. CIR./DIST/DIV.CODE 0970	2. PERSON REPRESENTED Sample Defendant	VOUCHER NUMBER	
	3. MAG. DKT/DEF.NUMBER 3:19-MJ-00001-1-JI	4. DIST. DKT/DEF.NUMBER 3:19-CR-00001-1-JI	5. APPEALS. DKT/DEF.NUMBER	6. OTHER. DKT/DEF.NUMBER
Link to CM/ECF	7. IN CASE/MATTER OF(Case Name)	8. PAYMENT CATEGORY	9. TYPE PERSON REPRESENTED	10. REPRESENTATION TYPE
Voucher #:	USA v. Defendant	Felony (including pre-trial diversion of alleged felony)	Adult Defendant	Criminal Case
Request Date:	11. OFFENSE(S) CHARGED 8:1326.F REENTRY OF DEPOR	TED ALIENS		
Decision Date:	12. ATTORNEY'S NAME AND MAILIN		13. COURT ORDER	
	Sample Attorney 1234 Street Name		A Associate C Co-Counsel	□ D Federal □ F Subs for Federal Defender Defender
Tasks	Phoenix AZ 85018 Phone: 602-111-0000 - Fax: 602-	111-1111	□ L Learned Counsel □ O Appointing (Capital Only) Counsel	☑ P Subs for Panel □ R Subs for Retained Attorney Attorney
Link To Appointment	Email: <u>deadmail@support.aotx.us</u>		S Pro Se T Retained Attorney	□ U Subs for Pro □ X Administrative Se
Link To Representation			Y Standby Counsel	
	14. LAW FIRM NAME AND MAILING	ADDRESS	Prior Attorney's Name Appointment Date: Signature of Presiding Judge or By Order of Sample Judge Date of Order 4/19/2019 Repayment	the Court Nunc Pro Tunc Date
	Order Date			
	Nunc Pro Tunc Date			
	Budget Phase/Stage		*	
	Attorney Funding Info	rmation		
	Current Representation Limit	\$ 11,800.00		
	Requested Additional Attorney	Fees \$		
	Authorized Additional Attorney	Fees \$		
	Grand Total Authorized Attorne	y Fees \$ 11,800.00		
	Notes			$\hat{\mathbf{C}}$
				Y
				Dalata Da C
	« First < Previous Nex	t > Last » Save		Delete Draft

Step 5

Step

6

On the **Authorization Request** tab, from the **Service Provider Type** drop-down list, select the service provider(s) type you wish to use, if any. Any previous authorizations for that provider type display. Click the previous authorization to add the additional amount requested, and then click **Add**. Note that the provider request appears in the grid below. Continue to add service providers, and then click the **Documents** tab when complete.

Request For	Service Provide	re							
Service Provider Type	Documents Examiner	*							
	Previous Authorizatio	Previous Authorizations for this Provider Type:							
	ID Number: 854057 Order Date: 07/18/2018 Authorized Amount: \$1,000.0 Grand Total Amount: \$1,000.0	D Estimated Amou	ocuments Examiner nt: \$1,000.00						
Previouly Authorized Amount	\$1,000.00								
Additional Amount Requested									
Additional Amount Authorized Description	*								
	/		~						
Required Fields			Add						
To group by a particular Head	ler, drag the column to this area.								
Service Provider Type	Previously Authorized Amount	Additional Amount Requested	Description						
Chemist/Toxicologist	\$0.00	\$500.00	Chemist						
cherney reviewegier	· · · · · · · · · · · · · · · · · · ·								

Note: If there is no prior AUTH for the provider type, you only need to enter an amount requested in the **Additional Amount Requested** field.

Request For Se	ervice Providers		
Service Provider Type	Accountant		
	Previous Authorizations for the second	his Provider Type:	
	No Pi	revious Authorizations Hound	
Previouly Authorized Amount	\$0.00		
Additional Amount Requested	1000.00 *		
Additional Amount Authorized			
Additional Amount Authorized Description		*	

Click Document tab or Click Next, located on the progress bar.

Click **Browse** to select a PDF file to attach. This is where you will attach the Capital or Non-Capital Funding Application, completed at Step 1, along with any additional supporting documentation such as a provider's CV, resume, or project bid.

Step

Sten

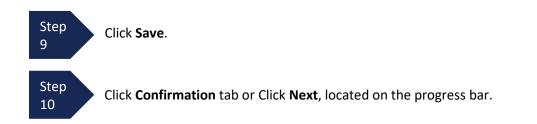
7

Note:

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

	Documents Confirmation	
Supp	orting Documents	
File Up	oad (Only Pdf files of 10MB size or less!)	
File	Browse	
Description		
	(Upload
Descriptio		te Vi
Non-Capital	Funding Application.submitted 8.1.18	te Vi
Non-Capital CV for Inves		te Vi e Vi

The attachment and description are added to the voucher and appear in the bottom of the **Description** section.



The confirmation tab appears.

		Attorney Funding Inform	nation					
	Verify all	Requested Additional Attorney Fees		\$100,0	00.00 Current R	epresentation Limit	\$100,000.00	
Step				0.000	Authorize	d Additional Attorney Fees		
11	information on				Grand To	tal Authorized Attorney Fees	\$100,000.00	
	the page is correct.	NOTES: Requests For Service Pro	widers					
		Service Provider Type	Previouly Authoriz Amount	Requested	Additional Amount Authorized	Description		
		Chemist/Toxicologist	\$0.			Chemist		
		Ballistics	\$0.			-		
Step	Select the	Totals	\$0.	.00 \$2,500.00				
12	affirmation check box.	Order Date Nunc Pro			initial			
	DOW	Signature of Attorney andrew anders		ed	Requested Amount \$102,500.00			
		Signature of Presiding Judge	Date Signed Judge Code		še	Approved Amount		
		Signature of Chief Judge, Court of Ap	opeals(or Delegate)	Date Signed	Judge Co	de	Approved Amount	
Step 13	Click Submit . Your individual login and password will serve	Public/Attorney Notes	Attention	: The notes you er	nter wil be ava	lable to the next approval l	evel.	
	as your electronic signature.	☐ I swear and affirm the truth or correctness of the above statements Date: 7/1/2019 14:59:3						
		« First < Previous N	ext > Last »		Save		Delete Draft	

Step 14

A confirmation screen appears, indicating the previous action was successful and the Budget AUTH has been submitted to the court. Click the **Home Page** hyperlink to return to the home page, or click the **Appointment Page** hyperlink to create an additional document for this appointment.

Success

This document has been submitted.

Please keep the following document number for your own records:

0970.1045174

Back to: <u>Home Page</u> <u>Appointment Page</u>

The Budget AUTH now appears in the My Submitted Documents section of your home page.

Step 15

You will automatically receive an email if/when the Budget AUTH has been approved. You should then download and review the "Funding Authorization" attached by the Court to the Budget AUTH under the Documents tab. The Funding Authorization serves as the Court's budget order. If the approved budget includes funding for existing or new service providers, the CJA Department will update eVoucher to reflect the new or additional approved funding.

Note:

To download and review the "Funding Authorization" follow these steps:

- Go to your "Appointments' List" on your home page and select the appropriate case number.
- From the Appointment Info page, click the appropriate Budget AUTH under "Vouchers on File" section.
- Go to the Documents tab and click View next to the "Funding Authorization"
- Save or print the document as usual
- Once finished, click "Home" on the upper left menu to return to the home page.

Budget Reports

Once a budget is approved, counsel should monitor the status of funds, attorney hours, and expert services, by reviewing the reports provided in the CJA eVoucher program, especially the Defendant Detail Budget Report.

Items to remember:

- Viewable reports appear on the left review panel.
- Each panel, depending upon which document you are viewing, will have different reports available.
- Below each report link is a short description of the information provided by that report.
- The main report is the Defendant Detail Budget Report-Attorney.

Reports

<u>Defendant Detail Budget Report -</u> <u>Attorney</u> Detailed budget info for defendant

Attorney Time

Report of attorney time per case (includes both submitted and not submitted data)

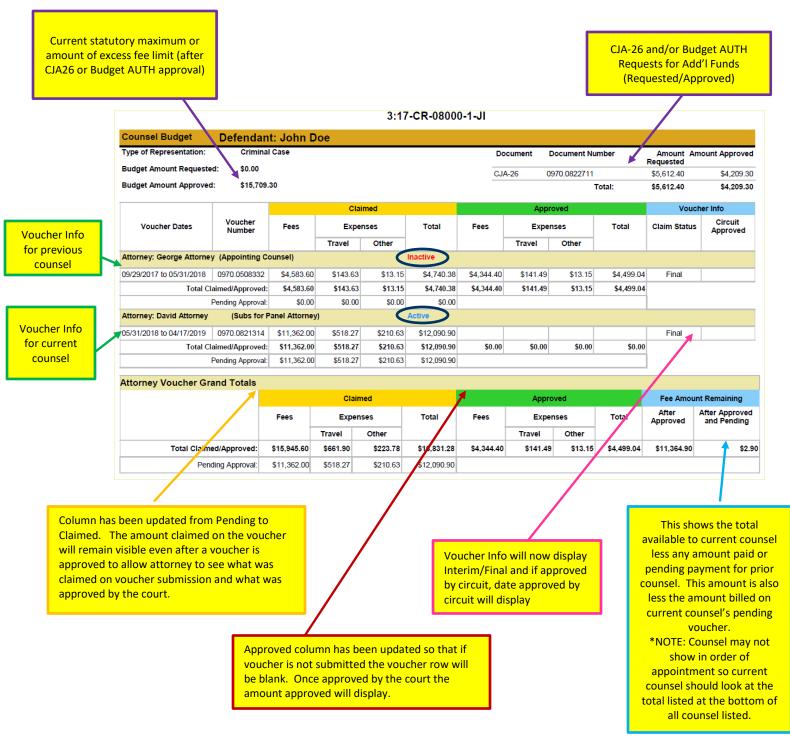
Appointment Report

List of all appointments per attorney (Attorney view)

Defendant Detail Budget Report-Attorney

This report reflects the total amount authorized for this representation, any excess payment allowed, the vouchers submitted against those authorizations, and the remaining balances.

The report provides the information in two sections: attorney appointments and authorized experts and other services.



Defendant Detail Budget Report-Attorney (cont'd)

The service provider section has been similarly updated.

	Voucher Number	Claimed				Approved				Voucher Info	
Voucher Dates		Fees	Expenses		Total	Fees	Expenses		Total	Claim Status	Circuit Approved
			Travel	Other			Travel	Other			
Authorization Number: 0970.0662475		Amount	Requested:	\$8,250.00	Amount	Authorized:	\$7,500.00			Attorney: Day	vid Attorney
pecialty: Investigator /endor: Susie Privateye ()	Investigator)										
07/02/2018 to 01/18/2019	0970.0672569	\$5,467.50	\$506.88	\$31.06	\$6,005.44	\$5,385.00	\$506.88	\$31.06	\$5,922.94	Interim 1	
2/10/2019 to 02/22/2019	0970.0799600	\$367.50	\$0.00	\$0.00	\$367.50	\$360.00	\$0.00	\$0.00	\$360.00	Interim 2	
)3/04/2019 to 03/26/2019	0970.0809955	\$1,470.00	\$83.52	\$0.80	\$1,554.32	\$1,252.50	\$83.52	\$0.80	\$1,336.82	Interim 3	
Total Claimed/Approved:		\$7,305.00	\$590.40	\$31.86	\$7,927.26	\$6,997.50	\$590.40	\$31.86	\$7,619.76		
	Pending Approval:	\$0.00	\$0.00	\$0.00	\$0.00						
Authorization Number: 09	70.0662475			А	UTHORIZAT		LS			Attorney: Day	id Attorney
Specialty: Investigator		Amount	Requested:	\$8,250.00	Amount	Authorized:	\$7,500.00				
			Clai	med			Аррг	roved		Fee Amoun	t Remaining
		Fees	Expe	nses	Total	Fees	Expe	nses	Total	After Approved	After Pendi and Approv
			Travel	Other			Travel	Other			ana Approv
Total Cla	imed/Approved:	\$7,305.00	\$590.40	\$31.86	\$7,927.26	\$6,997.50	\$590.40	\$31.86	\$7,619.76	\$502.50	\$502
	ending Approval:	\$0.00	\$0.00	\$0.00	\$0.00						