**UNITED STATES DISTRICT COURT**

**DISTRICT OF ARIZONA**

**AUTH AZD**

*SUPPLEMENTAL INFORMATION IN SUPPORT OF REQUEST*

*FOR AUTHORIZATION TO ENLIST SERVICE PROVIDER*

*(For service provider fees to be compensated under the Criminal Justice Act, counsel must complete and submit this form BEFORE provider work exceeding a combined $1,000 is performed.)*

**I. BASIC INFORMATION ABOUT REPRESENTATION**

|  |  |
| --- | --- |
| Attorney name: |  |
| Defendant name: |  |
| Case title: |  |
| Case number: |  |
| Defendant number: |  |
| Total number of co-defendants: |  |
| Has case been designated as complex?  (Provide the docket number) |  |
| Other pending cases of defendant during representation? (Provide case numbers) |  |

**II. BRIEF SUMMARY OF CASE TO DATE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If applicable, provide the current trial date *(m/d/yyyy)*: |  | If applicable, provide the current sentencing date *(m/d/yyyy)*: | |  |
| Has a guilty plea been entered? | Yes No | If yes, date plea was entered *(m/d/yyyy)*: | |  |
| Has there been a trial? | Yes No | If yes, how many trial days? | |  |
| What was the result?  (*check all that apply*) | Guilty Not Guilty Mistrial | | Date *(m/d/yyyy)*: |  |

**III. SERVICE PROVIDER INFORMATION**

|  |  |
| --- | --- |
| Name:  *(You must also include the provider’s name in the “Notes” field on the eVoucher AUTH “Basic Info” tab.)* |  |
| Phone number: |  |
| Email address: |  |
| Billing address: |  |
| Type of service provider: |  |
| Relevant experience or specialized knowledge:  *(also attach CV/resume and/or any relevant license to documents tab)*: |  |

**IV. TYPE AND AMOUNT OF REQUEST** *(select one)*

|  |  |  |
| --- | --- | --- |
| Which option applies to this request: | Initial Authorization to Obtain Services Under 18 U.S.C. §3006A or §3599(f) | |
| Supplemental Authorization for Additional Funds | |
| If supplemental, amount previously approved to date: | | $ |

**V. PROPOSED SERVICES\*** (*Estimate the number of hours requested, the proposed hourly rate, and the total funds requested. Include a description of what services will be provided and, if in excess of statutory maximum, why the requested services are “necessary to provide fair compensation for services of an unusual character or duration.” 18 U.S.C § 3006A(e)(3); 18 U.S.C. § 3599(g)(2); Guide to Judiciary Policy, Vol. 7, §§ 310.20.20 & 660.20.20*). *For supplemental requests, describe what was accomplished with the prior authorization and what services will be provided with the additional funds.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Hours Requested | Hourly Rate | Total Requested | Justification/Explanation |
|  | $ | $ |  |

\*Note: Motions for Mental Competency Evaluation pursuant to 18 U.S.C. §§4241-4246 are paid by the Department of Justice (See Guide to Judiciary Policy, Vol.7 §320.20.60) and should be made via motion on CM/ECF. Any motions for transportation of defendant for an evaluation (including those requested pursuant to §3006A), should be made made via motion on CM/ECF.

**VI. NUNC PRO TUNC AUTHORIZATION**

|  |  |
| --- | --- |
| *Counsel is responsible for the oversight of expert services and funding status. Nunc pro tunc requests, whether for ancillary services exceeding $1,000 (in the aggregate) without prior authorization OR exceeding an existing funding authorization, may be denied absent extraordinary circumstances. Justification provided must be sufficiently persuasive and detailed to overcome the failure to obtain timely authorization.* | |
| Requested Nunc Pro Tunc Date *(m/d/yyyy)*: |  |
| Justification for Nunc Pro Tunc Request: |  |

# ATTORNEY STATEMENT

As the attorney for the person represented above, I hereby affirm that the services requested are necessary for adequate representation.

|  |  |  |  |
| --- | --- | --- | --- |
| Date  *(m/d/yyyy):* |  | Signature:  *(insert name):* | /s/ |

|  |
| --- |
| **INSTRUCTIONS:**   1. Save completed form in Word. Then create a PDF version of the form. 2. Upload the PDF version of this request form to the “Documents” tab of an AUTH in eVoucher, also attach any other relevant documents (CV/Resume/License/DPS PI Photo ID). Then list the provider’s name in the “Notes” field on the “Basic Info” tab (unless requesting an interpreter/translator). 3. For questions, contact the CJA Department at 602-322-7150 or [cja\_eVoucher@azd.uscourts.gov](mailto:cja_eVoucher@azd.uscourts.gov). |