**UNITED STATES DISTRICT COURT**

**District of Arizona**

CONFIDENTIAL *EX PARTE* ATTACHMENT TO CJA 26

REQUEST TO EXCEED THE STATUTORY MAXIMUM

**SECTION I - GENERAL INFORMATION**

Attorney Name:

Defendant Name:

Case Number:

Appointment Date:

No. of Co-Defendants:

**SECTION II - CASE COMPENSATION MAXIMUM**

1. Current case compensation maximum (excess fee limit in eVoucher\*): $
2. Amount by which you expect to exceed the excess fee limit (amount requested): $
3. **NEW EXCESS FEE LIMIT AMOUNT REQUESTED (Add A and B)** $

NOTE: The approved amount will be your new excess fee limit. Prior to exceeding this amount, you will be required to complete this process again for further funding.

PLEASE CHECK THE APPROPRIATE BOX:

1. I would like to submit a voucher every 90 days:  YES  NO
2. This is my first request to exceed the statutory maximum:  YES  NO

\*To find current excess fee limit in eVoucher, from the Appointments’ List, click on case number,

click “View Representation”, the Excess Fee Limit is in the bottom left corner on the Representation Info page.

**SECTION III - JUSTIFICATION**

1. Expected duration of the case, from appointment date to case termination. Explain.

1. Summary of the government's allegations against your client.

1. Summary of the procedural history of the case, to date.

1. Has there been any effort to settle this case? Explain.

1. Trial date, if set:
2. Describe the volume and nature of discovery, and discovery practices that will affect the anticipated complexity/duration of this case.

1. Describe the complexity or novelty of legal issues.

1. Do you expect that this case will require investigators and/or other types of service providers with special skills (i.e., forensic, accounting, etc.)? If so, please provide an overview of the kinds of service providers you have already requested or expect to request.

1. Explain whether any of the following client considerations are additional factors in your request (client's mental health issues; language differences with client/client's family/witnesses; accessibility of client; other).

1. Please describe the types of motions, legal analyses, sentencing memoranda and/or other pleadings/filings that you expect to draft?

1. Are there any other issues that you would like the court to consider in deciding your request?

1. How much have you billed to date and for what time period? If the request is retroactive, please explain.

**SECTION IV - SUPPLEMENTAL REQUEST TO EXCEED THE STATUTORY MAXIMUM**

1. What was the date and amount of your first authorization to exceed the statutory maximum? If there were additional authorizations, please provide that information as well.

1. Did something unexpected occur since your last authorization that necessitates additional funds for attorney services? Explain.

1. When do you expect this case to conclude?

1. What is the additional estimated attorney compensation (on top of what was previously authorized), required for completion of this case?

$

*PLEASE FILL OUT THE ATTORNEY DECLARATION BELOW BEFORE YOU SUBMIT THIS FORM*

# ATTORNEY DECLARATION

I**,** **,** hereby declare under penalty of perjury that the information provided in this document is accurate and truthful, and that I am a licensed attorney authorized to practice law in the District Court, District of Arizona.

Date:       /s/

Signature

|  |
| --- |
| Instructions for submitting your application:   1. Save as a PDF 2. Please name your PDF as follows: *Request to Exceed Stat Max.date* 3. Attach to your CJA 26 through eVoucher |