

Creating and Submitting a Service Provider Voucher

After the authorization for expert services has been approved, the CJA 21 voucher for payment can be created.

Step 1

In the **Appointments** section of your **Home** page, click the case number hyperlink

Figure 1: Attorney Home Page



You will be taken to the **Appointment Info** page.

Step 2

On the **Appointment Info** screen, click the **CJA 21 Create** link on the left panel.

Figure 2: The Appointment Info screen



Step 3

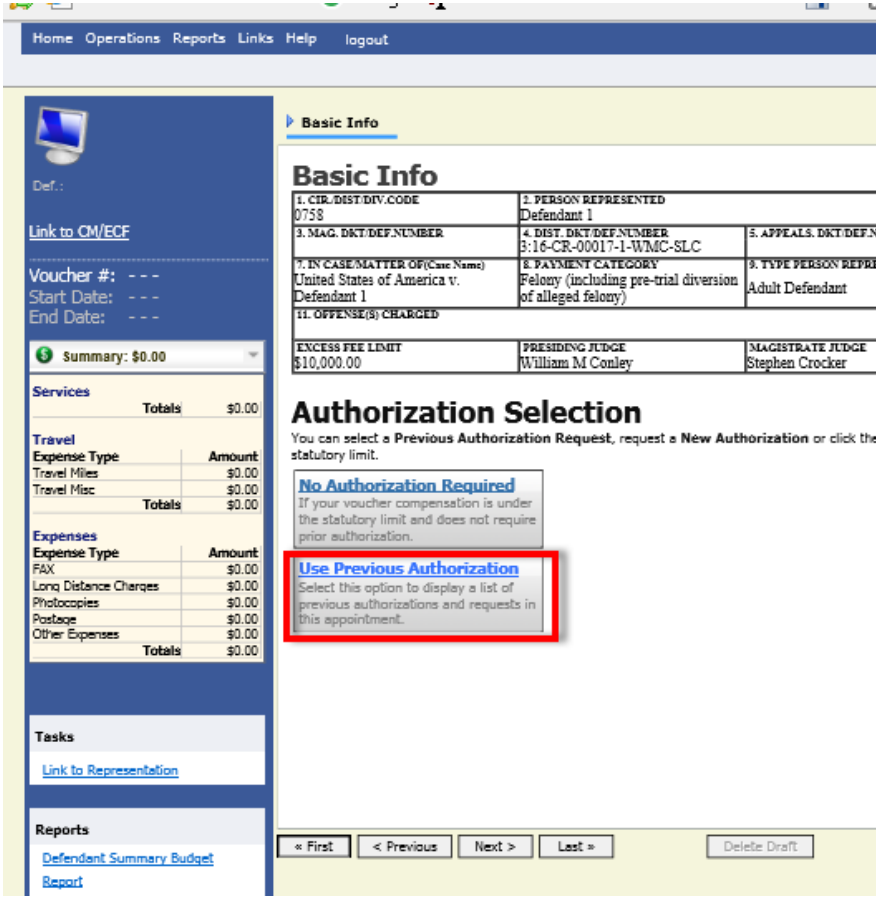
Select the Authorization Type:

Select **No Authorization Required** if:

- Services do not exceed \$800, or
- Timely procurement of services cannot await prior authorization

Select **Use Previous Authorization** if authorization has been obtained through eVoucher.

Figure 3: Basic Info Tab



If using **Use Previous Authorization**, on the **Basic Info** page, select the correct authorization.

Basic Info

| | | | |
|---|--|---|--|
| Basic Info | | | |
| 1. CIR. DIST. DIV. CODE 0758 | 2. PERSON REPRESENTED Defendant 1 | VOUCHER NUMBER | |
| 3. MAG. DKT/DEF NUMBER | 4. DIST. DKT/DEF NUMBER 3:16-CR-00017-1-WMC-SLC | 5. APPEALS. DKT/DEF NUMBER | 6. OTHER. DKT/DEF NUMBER |
| 7. IN CASE/MATTER OF(Case Name) United States of America v. Defendant 1 | 8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony) | 9. TYPE PERSON REPRESENTED Adult Defendant | 10. REPRESENTATION TYPE Criminal Case |
| 11. OFFENSE(S) CHARGED | | | |
| EXCESS FEE LIMIT \$10,000.00 | PRESIDING JUDGE William M Conley | MAGISTRATE JUDGE Stephen Crocker | DESIGNEE |

Authorization Selection

You can select a **Previous Authorization Request**, request a **New Authorization** or click the **"No Authorization Required"** button if under the statutory limit.

No Authorization Required

If your voucher compensation is under the statutory limit and does not require prior authorization.

Use Previous Authorization

Select this option to display a list of

Existing Requests for Authorization

| | |
|-----------------------------|------------------------------------|
| ID Number: 42 | Service Type: Investigator |
| Order Date: 04/08/2016 | Estimated Amount: \$750.00 |
| Authorized Amount: \$750.00 | Requested Provider: Investigator 1 |

New Voucher Information

Step 4

Select the appropriate expert from the drop-down menu, and click **Create Voucher**. If the expert is not in that list, their information will need to be added in the **Service Provider** section. Enter the correct service provider information and click **Create Voucher**, click **Save**. It will send the expert information to the **Pending Users** folder for court approval.

Figure 4: Authorization Selection and Service Provider Selection

Authorization Selection

You can select a **Previous Authorization Request**, request a **New Authorization** or click the **"No Authorization Required"** button if under the statutory limit.

No Authorization Required

If your voucher compensation is under the statutory limit and does not require prior authorization.

Use Previous Authorization

Select this option to display a list of previous authorizations and requests in this appointment.

Existing Requests for Authorization

| | |
|-----------------------------|------------------------------------|
| ID Number: 42 | Service Type: Investigator |
| Order Date: 04/08/2016 | Estimated Amount: \$750.00 |
| Authorized Amount: \$750.00 | Requested Provider: Investigator 1 |

New Voucher Information

Service Type: Investigator

Description:

Voucher Assignment: Attorney Expert

This indicates who will be responsible for filling the voucher claim part

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: **Investigator** (indicated by a red arrow)

Expert Info

Investigator

Details

120 N Henry St
Madison WI 53703 US
Phone: 6082615723

Create Voucher (indicated by a red box)

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: [Dropdown]

First Name: Teresa Middle Name: Last Name: Transcripts

Email: deadmail@aotx.uscourts.gov

Phone: 210-555-5555 Fax:

Address 1: 123 San Antonio City: San Antonio

Address 2: State (U.S. Only): TEXAS Zip: 78249

Address 3: Country: UNITED STATES

Create Voucher

The existing requests for authorization will only display if **Use Previous Authorization** is selected.

Notes:

- If the expert is not already in eVoucher, once their information is added in the **Service Provider** section, when **Create Voucher** is clicked, an error message will appear stating “You cannot submit a voucher for an expert that has not been approved by the court.” However, the information is sent to the court as a **Pending User**. Once the court creates the user, the warning disappears.
- Since the experts do not have voucher entry privileges, the default voucher assignment is automatically set to **Attorney**.



Select the **Services** tab to enter Services, or the **Expenses** tab to enter Expenses:

Step 5

Select the **Services** tab. Services may be entered in one lump sum. Click **Add, Save**

- Date: Use the last date of service from the expert’s invoice.
- Hour: Enter the number 1.
- Rate: Enter the lump sum dollar amount for all services from the expert’s invoice.

Figure 5: Services Tab

Basic Info | **Services** | Expenses | Claim Status | Documents | Confirmation

Services

Date: 04/10/2016 *
Hours: 1.0 *
Rate: 2000.00 *
Description: See Invoice in Documents *
Add Remove

* Required Fields

To group by a particular Header, drag the column to this area.

| Date | Description | Hrs | Rate | Amt |
|---------|-------------|-----|------|-----|
| No data | | | | |

< First | < Previous | Next > | Last > | **Save** | Delete Draft

Step 6

Select the **Expenses** tab. Expenses may be entered in one lump sum. Click **Add, Save**

- Date: Use the last date of service from the expert’s invoice.
- Hour: Enter the number 1.
- Rate: Enter the lump sum dollar amount for all services from the expert’s invoice.
- Enter separate lump sum lines for Travel Misc and Other Expenses.

Figure 6: Expenses Tab

Basic Info Services Expenses Claim Status Documents Confirmation

Expenses

Date: 4/10/2016 *
Expense Type: *
Miles: at \$0.5400 per mile.
Amount: *
Add Remove

* Required Fields

Drag a column to this area to group by it.

| Expense Type | Date | Description | Mile | Rate | Amt |
|--------------|-------------|--------------------------|------|------|---------|
| Travel Misc. | 04/10/20... | See Invoice in Documents | 0 | 0 | 1000.00 |

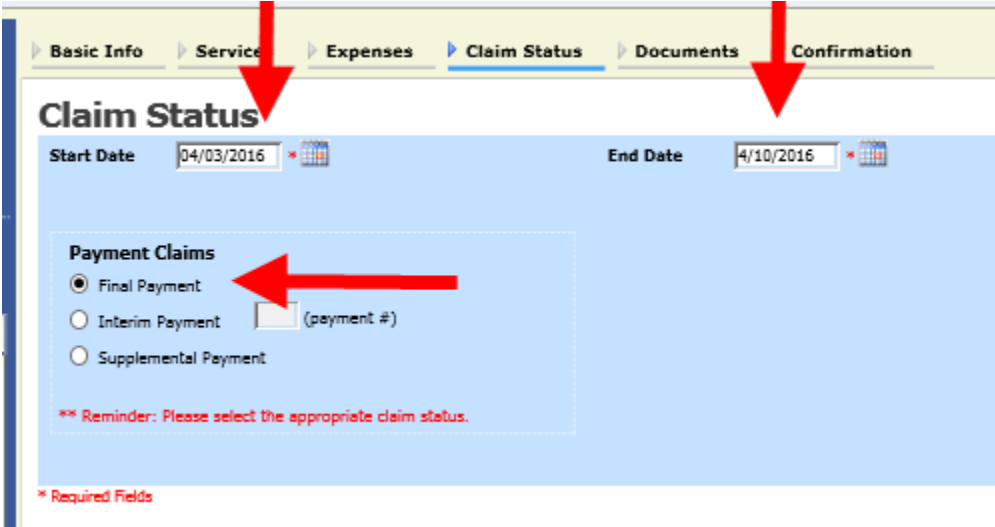
Page 1 of 1 (1 items)

« First < Previous Next > Last » Save Delete Draft

Step 7

Select the **Claim Status** tab. Enter the start and end dates found on the service provider's invoice. Select the claim type.

Figure 7: Claim Status Tab



Step 8

Select the **Documents** tab and add any supporting documents in PDF here by clicking **Browse**, **Upload**, click **Next**. Supporting Documents examples include: service provider invoice, travel receipts, single item receipts over \$50 or memos to the judge.

Figure 8: Documents Tab

The screenshot shows the 'Supporting Documents' section of a web application. At the top, there is a navigation bar with tabs: Basic Info, Services, Expenses, Claim Status, Documents (selected), and Confirmation. Below the navigation bar is the title 'Supporting Documents'. The main area contains a 'File Upload (Only Pdf files of 10MB size or less!)' form. The form has a 'File' field with a 'Browse...' button, a 'Description' text input, and an 'Upload' button. A red arrow points to the 'Browse...' button. Below the form is a table with the following structure:

| Description | Delete | View |
|-------------|------------------------|----------------------|
| Test Doc | Delete | View |

A red arrow points to the 'View' link in the table. Below the table, the text reads: 'To verify the document after upload, select View.' At the bottom of the page, there is a navigation bar with buttons: '<< First', '< Previous', 'Next >', 'Last >>', 'Save', and 'Delete Draft'. The 'Next >' button is highlighted with a red box.

Step 8

Review the Confirmation page for accuracy and select the “I swear and affirm...” check box and click **Submit**. You have now prepared the Voucher on behalf of the expert.

Figure 8: CJA-21 Confirmation page

Home Operations Reports Links Help logout

CJA-21 Voucher Entry
Def.: Defendant 1

[Link to CM/ECF](#)

Voucher #:
Start Date: 4/11/2016
End Date: 4/11/2016

Summary: \$0.00

Services Totals \$0.00

Travel Expense Type Amount
Travel Miles \$0.00
Travel Misc \$0.00
Totals \$0.00

Expenses Expense Type Amount
FAX \$0.00
Long Distance Charges \$0.00
Photocopies \$0.00
Postage \$0.00
Other Expenses \$0.00
Totals \$0.00

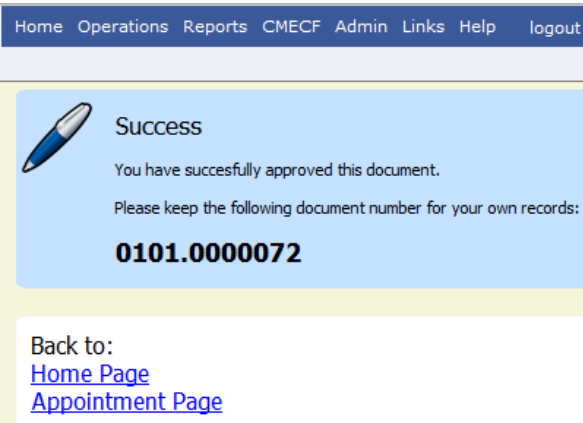
Tasks
[Link to Appointment](#)
[Link to Representation](#)

Reports
[Defendant Summary Budget Report](#)
Totals only of budget info for defendant
[Defendant Detail Budget Report](#)
Detail budget info for defendant
[Form CJA21](#)

Confirmation

| | | | |
|---|---|--|--|
| 1. CIR. DIST. DIV. CODE 0758 | 2. PERSON REPRESENTED Defendant 1 | VOUCHER NUMBER | |
| 3. MAG. DKT. DEF. NUMBER | 4. DIST. DKT. DEF. NUMBER 16-CR-00017-1-WMC-SLC | 5. APPEALS DKT. DEF. NUMBER | 6. OTHER DKT. DEF. NUMBER |
| 7. IN CASE MATTER OF (Case Name) United States of America v. Defendant 1 | 8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony) | 9. TYPE PERSON REPRESENTED Adult Defendant | 10. REPRESENTATION TYPE Criminal Case |
| 11. OFFENSE(S) CHARGED | | | |
| 12. ATTORNEY'S STATEMENT As the Attorney for the person represented above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input checked="" type="checkbox"/> Authorization to obtain the service. Estimated compensation: \$750.00 <input type="checkbox"/> Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. | | | |
| Signature of Attorney John Doe 120 N Henry St Madison WI 53703 Phone: 6082615723 | | | |
| 13. DESCRIPTION AND JUSTIFICATION FOR SERVICES (See instructions) 10 hours @ \$75/hr test | | 14. TYPE OF SERVICE PROVIDER <input checked="" type="checkbox"/> 01 Investigator <input type="checkbox"/> 02 Interpreter/Translator <input type="checkbox"/> 03 Psychologist <input type="checkbox"/> 04 Psychiatrist <input type="checkbox"/> 05 Polygraph Examiner <input type="checkbox"/> 06 Document Examiner <input type="checkbox"/> 07 Fingerprint Analyst <input type="checkbox"/> 08 Accountant <input type="checkbox"/> 09 CALR (Wardlaw, Leticia, etc) <input type="checkbox"/> 10 Chemist, Toxicologist <input type="checkbox"/> 11 Ballistics Expert <input type="checkbox"/> 13 Weapons/Firearms Explosive Expert <input type="checkbox"/> 14 Pathologist, Medical Examiner <input type="checkbox"/> 15 Other Medical Expert <input type="checkbox"/> 16 Voice, Audio Analyst <input type="checkbox"/> 17 Hair, Fiber Expert <input type="checkbox"/> 18 Computer (Hardware, Software, Systems) <input type="checkbox"/> 19 Paralegal Services <input type="checkbox"/> 20 Legal Analyst/Consultant <input type="checkbox"/> 21 Jury Consultant <input type="checkbox"/> 22 Mitigation Specialist <input type="checkbox"/> 23 Duplication Services <input type="checkbox"/> 24 Other <input type="checkbox"/> 25 Litigation/Support Services <input type="checkbox"/> 26 Computer Forensics Expert | |
| 15. COURT ORDER Financial eligibility of the person represented having been established by the court's satisfaction, the authorization requested in item 12 is hereby granted. Signature of Presiding Judge or By Order of the Court Stephen Crocker Date of Order: 04/10/2016 None Pre Tune Date Repayment: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| REQUESTED PROVIDER Investigator 1 | | | |
| CLAIMS FOR SERVICES AND EXPENSES | | FOR COURT USE ONLY | |
| 16. SERVICES AND EXPENSES | AMOUNT CLAIMED | ADJUSTED AMOUNT | REVIEW |
| a. Compensation | \$0.00 | \$0.00 | |
| b. Travel Expenses (lodging, parking, meals, mileage, etc.) | \$0.00 | \$0.00 | |
| c. Other Expenses | \$0.00 | \$0.00 | |
| GRAND TOTALS (CLAIMED AND ADJUSTED) | \$0.00 | 0.0 | |
| 17. PAYEE'S NAME Jan Investigator TIN: **-***5555 120 N. Henry St. Madison WI 53703 US Phone: 6082615723 <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment (#) <input type="checkbox"/> Supplemental Payment | | | |
| CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE: FROM 4/11/2016 TO 4/11/2016 I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for those services. Signature of Claimant/Payee: _____ Date: _____ | | | |
| 18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case. Signature of Attorney: _____ Date Signed: _____ | | | |
| APPROVED FOR PAYMENT - COURT USE ONLY | | | |
| 19. TOTAL COMP. | 20. TRAVEL EXPENSES | 21. OTHER EXPENSES | 22. TOTAL AMT. APPR. CERT. |
| 23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained, OR <input type="checkbox"/> In the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500 | | | |
| Signature of Presiding Judge: _____ | | Date: _____ | Judge Code: _____ |
| 24. TOTAL COMP. | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOTAL AMOUNT |
| 28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD | | | |
| Signature of Chief Judge, Court of Appeals (or Delegate): _____ | | Date: _____ | Judge Code: _____ |

At the Success screen, select the Home Page.



Step 9

The Voucher is now in your My Active Documents folder ready to be submitted to the Court.

Select the case number hyperlink.



Review the Confirmation page for accuracy and select the "I certify that..." check box and click Approve. The voucher has now been submitted to the court.

