

CJA eVoucher Program

Creating and Submitting Service Provider Authorizations and Vouchers

Introduction

The CJA eVoucher System is a web-based solution for submission, monitoring and management of all Criminal Justice Act (CJA) functions. The eVoucher program includes several modules including one for the submission of CJA 21s and 31s that will allow for:

- On-line authorization requests by attorneys for service providers
- On-line voucher completion by the service provider or by the attorney acting for the service provider
- On-line voucher review and submission by the attorney
- On-line submission to the court

Unless the court has indicated otherwise, attorneys are generally required to create and submit vouchers for their service providers.

Access the CJA eVoucher Program

You can access the program from the CJA eVoucher link on the 9th Circuit's public internet site:

<https://www.nyed.uscourts.gov/criminal-justice-act>

Creating an Authorization Request

From your Home page, click on the appropriate representation:

Appointments	Defendant
Case: 9:09-AP-35411 Defendant #: 1 Case Title: USA v. Lecter Attorney: Perry Mason	Defendant: Lecter, Hannibal Representation Type: Other Types of Appeals Order Type: Appointing Counsel Order Date: 09/15/09 Pres. Judge: Richard R. Clifton Adm./Mag Judge:
Case: 9:10-AP-07894 ← Defendant #: 1 Case Title: Kyle v. City of Gotham Attorney: Perry Mason	Defendant: Kyle, Selena Representation Type: Appeal of a Trial Disposition Order Type: Appointing Counsel Order Date: 10/08/10 Pres. Judge: Richard R. Clifton Adm./Mag Judge:

Appointment
In this page you will find a summary about this appointment, including a list of vouchers related to this appointment and links to create new vouchers

[View Representation](#)

Create New Voucher

AUTH [Create](#)
Authorization for Expert and other Services

CJA-20 [Create](#)
Appointment of and Authority to Pay Court-Appointed Counsel

CJA-21 [Create](#)
Authorization and Voucher for Expert and other Services

CJA-27 [Create](#)
Statement for a Compensation Claim in Excess of the Statutory Case Compensation Maximum: Appeals

At the next screen, under the Appointment section, click the “Create” button under AUTH.

At the AUTH screen, the basic case information will appear at the top of the screen.

The only required fields are the Estimated Amount and the Service Type. The Service Type has a pulldown menu with the available options for this field. Hit the Save button, especially if you are not ready to submit the authorization to the court. To proceed, click on Documents at the top of the screen, or the Next button at the bottom of the screen.

Basic Info Documents Confirmation

Basic Info

1. CIR. /DIST./DIV. CODE -09	2. PERSON REPRESENTED Kyle, Selena	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER 9:10-A.P.-07894-1
7. IN CASE MATTER OF(Case Name) Kyle v. City of Gotham	8. PAYMENT CATEGORY Appeal (from felony, misdemeanor, proceeding under 18 U.S.C. § 4106A, 18 U.S.C. § 983, post-conviction proceeding under 28 U.S.C. §§ 2241, 2254 or 2255, and 28 U.S.C. § 1875)	9. TYPE PERSON REPRESENTED Appellant
11. OFFENSE(S) CHARGED		
12. ATTORNEY'S NAME AND MAILING ADDRESS Perry Mason - Bar Number: 123456 Attorney at Law 1234 Della Street San Francisco CA 94103 Phone: 415-555-1234		13. COURT ORDER <input type="checkbox"/> C Co-Counsel <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> R Subs for Retained Attorney Prior Attorney's Name Appointment Dates Signature of Presiding Judge or By District Judge Date of Order Nusc P 10/8/2010 Repayment <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
14. LAW FIRM NAME AND MAILING ADDRESS		

Order Date:
 Nunc Pro Tunc Date:
 Repayment:
 Estimated Amount: 2500
 Authorized Amount:
 Basis of Estimate:
 Description:
 Service Type: Investigator
 Requested Provider:

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

Use this screen to upload any documents relevant to the Service Provider, e.g., CV/resume, justification memo, etc. To upload, first click Browse and navigate to the appropriate file. You may enter a description of the file, otherwise it will default to the file name. Then click Upload.

Basic Info Documents Confirmation

Supporting Documents

File Upload

File: [Browse...](#) 1

Description (2):

[Upload](#) 3

Description	Delete	View
Thomas Magnum CV.pdf	Delete	View

Help logout

Basic Info Documents **Confirmation**

Confirmation

1. CIR. DIST. DIV. CODE -09	2. PERSON REPRESENTED Kyle, Selena	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER 9:10-AP-07894-1	6. OTHER DKT./DEF. NUMBER
7. IN CASE MATTER OF (Case Name) Kyle v. City of Gotham	8. PAYMENT CATEGORY Appeal (from felony, misdemeanor, proceeding under 18 U.S.C. § 4106A, 18 U.S.C. § 983, post-conviction proceeding under 28 U.S.C. §§ 2241, 2254 or 2255, and 28 U.S.C. § 1875)	9. TYPE PERSON REPRESENTED Appellant	10. REPRESENTATION TYPE Appeal of a Trial Disposition
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: \$2500 <input type="checkbox"/> Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. Signature of Attorney Perry Mason - Bar Number: 123456 Attorney at Law 1234 Della Street San Francisco CA 94103 Phone: 415-555-1234			
13. DESCRIPTION AND JUSTIFICATION FOR SERVICES (See instructions)		14. TYPE OF SERVICE PROVIDER	
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 District Judge Date of Order: 10/8/2010 Nunc Pro Tunc Date: Repayment <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> 00 Court Reporter <input type="checkbox"/> 14 Pathologist, Medical Examiner <input checked="" type="checkbox"/> 01 Investigator <input type="checkbox"/> 15 Other Medical Expert <input type="checkbox"/> 02 Interpreter Translator <input type="checkbox"/> 16 Voice, Audio Analyst <input type="checkbox"/> 03 Psychologist <input type="checkbox"/> 17 Hair, Fiber Expert <input type="checkbox"/> 04 Psychiatrist <input type="checkbox"/> 18 Computer (Hardware, Software, Systems) <input type="checkbox"/> 05 Polygraph Examiner <input type="checkbox"/> 19 Paralegal Services <input type="checkbox"/> 06 Documents Examiner <input type="checkbox"/> 20 Legal Analyst-Consultant <input type="checkbox"/> 07 Fingerprint Analyst <input type="checkbox"/> 21 Jury Consultant <input type="checkbox"/> 08 Accountant <input type="checkbox"/> 22 Mitigation Specialists <input type="checkbox"/> 09 CALR (Westlaw, Lexis, etc) <input type="checkbox"/> 23 Duplication Services <input type="checkbox"/> 10 Chemist, Toxicologist <input type="checkbox"/> 24 Other <input type="checkbox"/> 11 Ballistics Expert <input type="checkbox"/> 25 Litigation Support Services <input type="checkbox"/> 13 Weapons Firearms Explosive Expert <input type="checkbox"/> 26 Computer Forensics Expert	
REQUESTED PROVIDER			
Signature of Presiding Judge	Date Signed	Judge Code	Approved Amount 0
Signature of Chief Judge, Court of Appeals (or Delegate)	Date Signed	Judge Code	Approved Amount 0
Notes			
<input checked="" type="checkbox"/> I swear and affirm the truth or correctness of the above statements Date: 10/13/2011 11:20:09			
		Submit	

Attention: The notes you enter will be available to the next approval level.

Success
Your voucher has been submitted for payment. You will receive a notification if we need more details.
Please keep the following voucher number for your own records:
--09.0000030

Back to:
[Home Page](#)
[Appointment Page](#)

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

Click on Confirmation at the top of the page.

On the Confirmation page, you must check the 'swear and affirm' box and then hit the Submit button.

You should receive a Success message:

The authorization has now been submitted to the court.

Creating a CJA21 (or 31) with an approved authorization

Once again, go into your Appointments' List on your home page and click on the case number hyperlink.

Appointments	Defendant
Case: 9:09-AP-35411 Defendant #: 1 Case Title: USA v. Lecter Attorney: Perry Mason	Defendant: Lecter, Hannibal Representation Type: Other Types of Appeals Order Type: Appointing Counsel Order Date: 09/15/09 Pres. Judge: Richard R. Clifton Adm./Mag Judge:
Case: 9:10-AP-07894  Defendant #: 1 Case Title: Kyle v. City of Gotham Attorney: Perry Mason	Defendant: Kyle, Selena Representation Type: Appeal of a Trial Disposition Order Type: Appointing Counsel Order Date: 10/08/10 Pres. Judge: Richard R. Clifton Adm./Mag Judge:

Appointment
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CJA-27 [Create](#)
Statement for a Compensation Claim in Excess of the Statutory Case Compensation Maximum: Appeals

Select Create under the CJA-21 option.

Choose the "Use Previous Authorization" option:

Authorization Selection

You can select a previous authorization request

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.

A list of all previously approved authorizations will appear. Select the authorization you wish to use by clicking on it. The Service type will be filled in from the information located in the approved authorization.

Then selection the requested Expert from the drop-down list.

Unless the court has given this particular service provider rights to create their own vouchers, the Voucher Assignment section will be grayed out (with "Attorney" pre-selected).

After the name is selected, the Expert info will appear. Click on the Create Voucher button.

Existing Requests for Authorization	
ID Number: 31 Order Date: 09/15/2009 Authorized Amount: 4000	Service Type: Psychiatrist Estimated Amount: 4000 Requested Provider:
ID Number: 32 Order Date: 09/15/2009 Authorized Amount: 2000	Service Type: Investigator Estimated Amount: 3000 Requested Provider:

New Voucher Information

Service Type Psychiatrist

Description

Voucher Assignment
This indicates who will be responsible for filling the voucher claim part.
 Attorney
 Expert

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 Middle Last Name *

SSN/EIN: *

Email *

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 Crane, Frasier

Expert Info

Details

Frasier Crane

95 7th St
SF CA 94104 USA
Phone: 415-355-8984

Create Voucher



You will be taken to the CJA21 Voucher entry screen (identical to the CJA20 Voucher entry screen)

Under “Services” enter the date the service started, the total number of hours worked and the hourly rate. For Description, you can reference the attached invoice. Click the Add button.

To edit an entry, click on the entry in the lower section. The information will repopulate the top section. Make your edits and re-click the Add button.

The screenshot shows the 'Services' tab in the CJA21 Voucher entry system. The navigation bar at the top includes 'Basic Info', 'Services', 'Expenses', 'Claim Status', 'Documents', and 'Confirmation'. The 'Services' section contains a form with the following fields: 'Date' (09/01/2011), 'Hours' (10), 'Rate' (275), and 'Description' (See Attached invoice). There are 'Add' and 'Delete Item' buttons. Below the form is a table with columns 'Date', 'Description', 'Hrs', 'Rate', and 'Amt'. A red arrow points to the 'Add' button, and another red arrow points to the first row of the table.

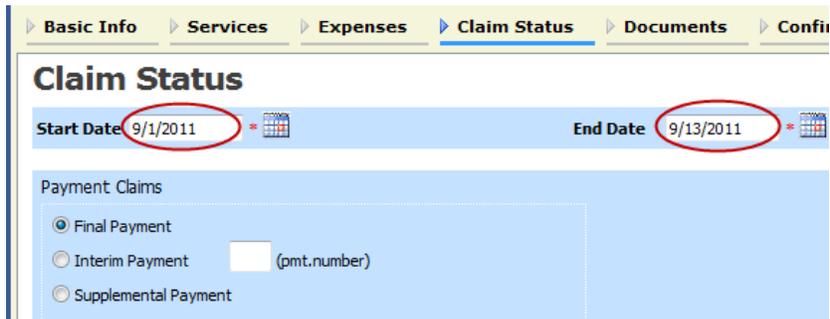
Date	Description	Hrs	Rate	Amt
09/01/2011	See Attached invoice	10	275	2750.00

If the invoice contains expenses, those must be entered separately on the Expenses tab (in the same manner as above). Click on Expenses in the navigation bar.

The screenshot shows the 'Expenses' tab in the CJA21 Voucher entry system. The navigation bar at the top includes 'Basic Info', 'Services', 'Expenses', 'Claim Status', 'Documents', and 'Confirmation'. The 'Expenses' section contains a form with the following fields: 'Date' (09/13/2011), 'Expense Type' (Travel Miles), 'Miles' (20), and 'Amount' (10.2). There are 'Add' and 'Remove' buttons. Below the form is a table with columns 'Expense Type', 'Date', 'Description', 'Mile', 'Rate', and 'Amt'. A red arrow points to the 'Expenses' tab in the navigation bar.

Expense Type	Date	Description	Mile	Rate	Amt
Travel Miles	09/13/2011	Travel to/from meeting with defendant	20	0.51	10.20

The next section is the Claim Status section. As with other date fields, the eVoucher program will default date the voucher with today's date. You may get the following message:  Service and/or Expenses are out of the Voucher Start and End Dates. Enter the earliest (start) date and latest (end) date that corresponds with the dates entered in the services/and or expenses section. It can be the same date, e.g., if no expenses had been entered, both the start and end dates would be 9/1/2011.



Basic Info Services Expenses **Claim Status** Documents Confir

Claim Status

Start Date 9/1/2011 * End Date 9/13/2011 *

Payment Claims

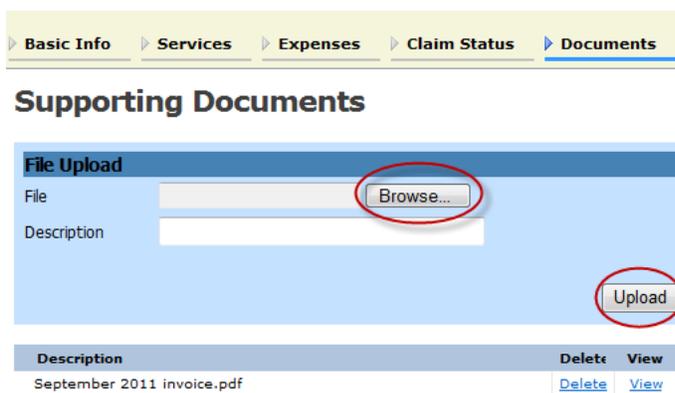
Final Payment

Interim Payment (pmt.number)

Supplemental Payment

The Payment Claims section must be completed by choosing one of the three options. If the Interim Payment option is chosen, the payment number becomes a required field and must be entered.

The next section is the Documents section. In this section, you will upload the actual invoice provided to you by the service provider and any other relevant documents. First, click the Browse button and locate the pdf file you wish to attach. You have the option of typing a description of the document, otherwise it will default to the name of the file. Click Upload.



Basic Info Services Expenses Claim Status **Documents**

Supporting Documents

File Upload

File Browse...

Description

Upload

Description	Delete	View
September 2011 invoice.pdf	Delete	View

The final section is the Confirmation section, which is the actual CJA21 form. The bottom half of the form contains the payment information. To complete this voucher, check the 'swear and affirm' box and click Submit.

CLAIMS FOR SERVICES AND EXPENSES		FOR COURT USE ONLY	
16. SERVICES AND EXPENSES	AMOUNT CLAIMED	ADJUSTED AMOUNT	REVIEW
a. Compensation	\$2,750.00		
b. Travel Expenses (lodging, parking, meals, mileage, etc.)	\$10.20		
c. Other Expenses	\$0.00		
GRAND TOTALS (CLAIMED AND ADJUSTED)	\$2,760.20		

17. PAYEE'S NAME
 Frasier Crane TIN: ***-**-5555
 95 7th
 SF CA 94104 USA
 Phone: 415-355-8984

Final Payment
 Interim Payment (#)
 Supplemental Payment

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE: FROM 9/1/2011 TO 9/13/2011
 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 these services.
 Signature of Claimant/Payee: /S/ Date: 10/17/2011 16:35:3

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. \$0.00	20. TRAVEL EXPENSES \$0.00	21. OTHER EXPENSES \$0.00	22. TOTAL AMT. APPR. CERT. \$0.00

23. Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained, OR
 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. \$0.00	25. TRAVEL EXPENSES \$0.00	26. OTHER EXPENSES \$0.00	27. TOTAL AMOUNT \$0.00
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28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD

Signature of Presiding Judge _____ Date _____ Judge Code _____

Notes
 Attention: The notes you enter will be available to the next approval level.

I swear and affirm the truth or correctness of the above statements
 Date: 10/17/2011 16:37:0



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

You should get a Success message:

Success

Your voucher has been submitted for payment. You will receive a notification if we need more details.

Please keep the following voucher number for your own records:

--09.0000033

Back to:
[Home Page](#)
[Appointment Page](#)

Click on the link to return to your home page.

The voucher will appear on your home page in your “My Active Vouchers” folder. Remember, the prior procedure was done by the attorney acting as the expert. You must now approve the voucher as the attorney. Click on the voucher number.

My Active Vouchers			
To group by a particular Header, drag the column to this area.			
Case	Defendant	Type	Status
9:09-AP-35411-- Start: 09/01/2011 End: 09/13/2011	Lecter, Hannibal (# 1) Claimed Amount: 2,760.20	CJA-21 Frasier Crane Psychiatrist	 Submitted to Attorney --09.0000033 FINAL PAYMENT

It will take you to the Basic Info screen. Because you have entered the information, you can go directly to the Confirmation screen. Since you are approving this voucher (instead of submitting it), the bottom of the form will be slightly different:

<input checked="" type="checkbox"/> I certify that I have reviewed the above information Date: 10/18/2011 11:14:37	 Approve	 Reject
---	--	---

Check the certify box and click approve. You will receive another Success message. If you return to your Home page, the voucher will now appear in your “My Submitted Vouchers” folder and the status will be “Submitted to Court.”

My Submitted Vouchers			
To group by a particular Header, drag the column to this area.			
Case	Defendant	Type	Status
9:09-AP-35411-- Start: 09/01/2011 End: 09/13/2011	Lecter, Hannibal (# 1) Claimed Amount: 2,760.20	CJA-21 Frasier Crane Psychiatrist	 Submitted to Court --09.0000033 FINAL PAYMENT

It will also appear in your “My Service Provider’s Vouchers” folder.