**EASTERN DISTRICT OF WASHINGTON**

**Request for Advance Authorization to Use Associate Counsel**

**INSTRUCTIONS**:

The use of Associate Counsel must be authorized in advance by the presiding judge for a case.

To request advance authorization to use associate counsel, fill out the Request for Advance Authorization to Use Associate Counsel form on the following page and attach it to the Documents tab of a CJA-26 voucher in eVoucher.

On the Basic Info tab of the CJA-26, please enter “0.01” in the Amount Requested box. This is a current eVoucher system limitation and the amount will be updated to “0.00” by a CJA clerk once the CJA-26 is submitted.

If you have any questions, please contact the CJA Supervising Attorney, Darrel Gardner, at 509-458-3423 or darrel\_gardner@waed.uscourts.gov.

**Request for Advance Authorization to Use Associate Counsel**

*Counsel at my firm*

I request authorization to use the services of Click here to enter text., a partner or an attorney employed at my firm, at the rate of Click here to enter text./hour, as associate counsel. I estimate that the attorney will bill Click here to enter text. hours of service. The associate has \_\_\_\_\_\_ years of experience as an attorney.

*Outside counsel*

I request authorization to use the services of Click here to enter text., at the rate of Click here to enter text./hour, as associate counsel. I estimate that the attorney will bill Click here to enter text. hours of service. The associate has \_\_\_\_\_ years of experience as an attorney.

[ ] I understand that the presumptive statutory maximum applies to the combined compensation of counsel of record and the associate counsel.

[ ] I understand, as counsel of record, I am required to submit both my claims for services and expenses and my associate’s services and expenses on the same CJA-20 voucher.

 [ ] I understand, as counsel of record, when I receive payment for my filed CJA-20 voucher, which included claims for my associate’s services and expenses, I am responsible for providing payment for those services and expenses to associate counsel.

\_\_\_\_\_\_\_\_\_\_/s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type name: Click here to enter text.

Counsel appointed under the Criminal Justice Act