BUDGET APPLICATION

(CAPITAL DISTRICT COURT CASE)

Defendant's Name:		
Case No.:		
Learned Counsel:		Hourly Rate:
Co-Counsel:		Hourly Rate:
Associate Counsel:		Hourly Rate:
Budget #: Estimated Time Perio authorization decision	to	[Use dates or text such as "through DOJ

The answers to the following questions are for case management and budgeting purposes only and will not be binding in any respect on substantive issues to be raised in the course of litigation.

IMPORTANT: Use the TAB key to move between entries.

- 1. Date of indictment:
- 2. Brief summary of the government's allegations against your client:
- 3. Date, if known, for submitting information to local U.S. Attorney relevant to decision whether to seek the death penalty:
- 4. Date, if known, for submitting information to Department of Justice relevant to decision whether to seek the death penalty:
- 5. Date, if known, for Government to file notice of whether it intends to seek the death penalty:
- 6. Explain whether and how any of the following client considerations are likely to affect case cost during this pre-authorization period (client's mental health or substance abuse issues; language or cultural differences with client, client's family, witnesses; etc.).
- 7. Generally describe how often each counsel will visit the client during this budgeting period:
- 8. Explain whether the location of your client will significantly increase the cost of representation:

9.	If this case involves a protective order, please explain if it has provisions that will increase CJA costs:
10.	How much discovery has been produced on the case to date? Please provide an estimate in terms of page numbers, GB or TB count, and describe generally the type of discovery (documents, video recordings, etc.):
11.	Please answer the following questions regarding <u>mitigation-related</u> witnesses to be located and interviewed during the pre-authorization stage of this case: No. of local witnesses to be located/interviewed: No. of out-of-area witnesses to be located/interviewed: Location(s) of out-of-area witnesses:
12.	Please answer the following questions regarding <u>offense-related</u> witnesses to be located and interviewed during this phase: No. of local witnesses to be located/interviewed: No. of out-of-area witnesses to be located/interviewed: Location(s) of out-of-area witnesses:
13.	Please describe how you will divide attorney work during the pre-authorization stage of this case:
14.	Please describe your efforts to coordinate with <u>co-defendant</u> counsel, if any, to conserve CJA costs (e.g., joint of paralegals or investigators):
15.	Generally describe the out-of-court services you have performed to date:
16.	Are you requesting authorization to utilize associate(s)? YES NO
	If YES, answer the following:
	A. Associate name(s):B. Is associate an employee of learned or co-counsel's firm or an independent contractor?C. Requested hourly rate:

17. Complete the following table for the attorney hours you are requesting (including associates and all **hours already expended** since the starting date of this budget period):

REQUESTED ATTORNEY HOURS

Tasks	Requested Hours			Y	rtification
	Learned Counsel	Co- Counsel	Assoc Counsel	- Justification	suncation
Prepare for and Attend In-Court Hearings					raignment; bail, detention, vocation hearings; and status
Prepare for and Communicate with Client				including time for prep, was memo as well as for calls/le	for each in-person meeting, iting, meeting, and post-meeting etters on weekly or monthly basis; rson meetings for this budget unication challenges.]
Prepare for and Conduct Witness Interviews					for each interview, including time , and post-interview memo.]
Consult Service Providers Review Court Record				[Estimate consult tin or monthly basis.] [Describe.]	ne with each provider on weekly
(i.e., transcripts, ECF) Review Documents and				[Describe.]	
Evidence Consult Counsel (including AUSA, Co-Counsel, Co-Def, and Resource Counsel)				[Estimate consult tin	ne on weekly or monthly basis.]
Research and Writing				[Describe documents you will be undertaking.]	s you expect to prepare or research
Trial Prep				[ONLY IF BUDGET prep time in the weeks imm doc review, client meetings	F INCLUDES TRIAL – Estimate nediately preceding trial (include s, witness prep, etc. here rather ies above); identify number of nse witnesses.]
Trial Phase				[Estimate time you will spend in and out of court while in trial.]	
Penalty Phase				[Estimate time you will spend in and out of court while in penalty phase.]	
Travel				[Estimate travel time to see client or potential witnesses and travel to and from court. To request authorization for out-of-district or overnight travel, please set travel table below.]	
Other (including budget prep)				[Describe specific ta	sks and estimated time for each.]
Total Hours Requested	0	0	0		
Fees Per Atty	Learned	: \$0.00		Co-Counsel: \$0.00	Associate: \$0.00
Total Fees	\$0.00			<u> </u>	1

18. Use the following table to request funding for a service provider or expert. For new providers, you'll need a copy of a CV or resume to submit to the Court along with this form. For previously authorized providers, include in the table below only the **additional** hours being requested for each existing provider and indicate in the justification column how much was previously approved.

REQUESTED SERVICE PROVIDERS

(Paralegal, Investigator(s), Experts)

	Name and	Requeste	d	Justification and Scope of Work (including			
	Specialty	Hours R	Rate Cost	justification to exceed presumptive hourly rates)			
1		\$	\$0.00				
2		\$	\$0.00				
3		\$	\$0.00				
4		\$	\$0.00				
5		\$	\$0.00				
6		\$	\$0.00				
7		\$	\$0.00				
8		\$	\$0.00				
	Total Amount Requested for Service Providers: \$0.00						

19. Complete the following table for any non-travel expense in excess of \$800 that counsel or a service provider anticipates incurring:

REQUESTED NON-TRAVEL EXPENSES EXCEEDING \$800

Expense Type	Amount		Justification
	\$		
	\$		
	\$		
	\$		
Total Amoun	Total Amount Requested for Expenses:		\$0.00

20. Complete the following table for any travel by counsel or a service provider that occurs outside of the district or that requires overnight lodging:

REQUESTED OUT-OF-DISTRICT OR OVERNIGHT TRAVEL TRIPS

Traveler	Origin/ Destination	No. of Nights Per Trip	No. of Trips	Purpose of Travel

21. Please provide any additional information you believe would assist the Court in determining the reasonableness of your funding request:

IF ANY PORTION OF YOUR REQUEST IS BEING MADE NUNC PRO TUNC, YOU MUST COMPLETE THIS SECTION BEFORE SUBMITTING YOUR FUNDING REQUEST

NUNC PRO TUNC AUTHORIZATION

NOTE: Counsel is responsible for the oversight of expert services and funding status. Nunc pro tunc requests may be denied absent extraordinary circumstances. Justification provided must be sufficiently persuasive and detailed to overcome failure to obtain timely authorization.

Nunc Pro Tunc Date:	
Justification for <i>nunc pro tunc</i> request:	

INSTRUCTIONS:

- 1. Save completed Budget Application form in Word.
- 2. Email completed form, along with the resume or CV of newly requested service providers, to your Ninth Circuit Case Budgeting Attorney (CBA).
- 3. After CBA approval, submit the Budget Application in eVoucher pursuant to the CBA's instructions using either Budget-AUTH or CJA-26 (depending on the district).
 - a. On the Basic Info tab, enter only the amount of <u>new</u> attorney fees requested in the proposed budget; do not include service provider fees on this screen.
 - b. On the Authorization Request tab (if using Budget-AUTH), enter each service provider requested in the budget.
 - c. On the Justification tab (if using CJA-26), leave the fields blank.
 - d. On the Documents tab, upload a PDF of the Budget Application form and any supporting

- documentation such as the CV, resume, or project bid for a service provider. In the Description field, describe the document being attached (e.g., "Budget Application #2" or "CV for Investigator Maria Montes").
- e. On the Confirmation tab, type: "See attached budget proposal prepared with the assistance of Ninth Circuit CBA" in the "Attorney/Public Comments" box.
- 4. Once you receive email notification that the budget is approved, go back into eVoucher and download the "Budget Funding Authorization" (FA) attached to the Documents tab.
- 5. Contact your CBA with any questions.