# EASTERN DISTRICT OF WASHINGTON

**NON-CAPITAL CASE LITIGATION PLAN**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| District Court: |  | | | | | |
| Defendant: |  | | | | | |
| Case Number: |  | | | | | |
| Defendant Number: |  | Number of Co-Defendants: |  |
|  |  | | | |  |  |
| Counsel: |  | | | | Hourly Rate: | $ |
| Appointment Date: |  | | | | | |
| Co-Counsel (if any): |  | | | | Hourly Rate: | $ |
| Appointment Date: |  | | | | | |

Estimated Time Period Covered by this Application: From       to

***The answers to the following questions are for case management and litigation plan purposes only and will not be binding in any respect on substantive issues to be raised in the course of litigation. NOTE: Use the TAB key to move between entries.***

1. Summary of the government’s allegations against your client:

1. Expected duration of the case, from counsel appointment to case termination (Explain):

1. Trial date, if set:
2. Has there been any effort to settle the case? Explain:

1. If in custody, identify where your client is incarcerated:

1. Describe the volume and nature of discovery (provide an estimate in terms of page numbers, GB or TB size, and types of digital files):

1. If this case involves a protective order, please explain if it has provisions that will increase CJA costs:

1. Describe any discovery practices that may adversely affect the anticipated complexity or duration of this case (i.e., disorganized, poorly indexed, or delayed disclosure):

1. Describe any complex mental or physical health issues with your client or novel legal issues likely to arise in this case:

1. Describe any efforts to use economy of scale, efficiency, shared tasks, shared service providers (such as a discovery coordinator, objective case paralegal or investigator, etc.):

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

1. Are you requesting authorization to submit interim payments? YES  NO
2. Are you requesting authorization to utilize associate(s)? YES  NO

If YES, answer the following:

1. Associate name(s):
2. Is associate an employee of lead or co-counsel’s firm or an independent contractor?
3. Requested hourly rate:

[**Note: The estimated hours to be spent by in-house associates on particular tasks should be included in the hours requested for lead or co-counsel in Question 17 table; the estimated hours to be spent by a contract associate should be included in the table for requested service providers in Question 18.**]

1. Please complete the following table for the attorney hours you are requesting (**including in-house associates and all hours already expended since the starting date of this litigation plan period**):

# REQUESTED ATTORNEY HOURS

| **Tasks** | **Requested Hours** | | **Justification** | |
| --- | --- | --- | --- | --- |
| **Lead Counsel** | **Co-Counsel** |
| **IN-COURT:** |  |  |  | |
| Arraignment or Plea |  |  |  | |
| Bail and Detention Hearings |  |  |  | |
| Motion Hearings |  |  |  | |
| Trial (In-court only) |  |  |  | |
| Sentencing Hearings |  |  |  | |
| Revocation Hearings |  |  |  | |
| Other (In-Court) |  |  |  | |
| **OUT-OF-COURT:** |  |  |  | |
| Prepare for and Communicate with Client |  |  | [Estimate total time for each in-person meeting, including time for prep, waiting, meeting, and post-meeting memo prep as well as for calls/letters on weekly or monthly basis; identify frequency of in-person meetings for this litigation plan period; describe any communication challenges with client] | |
| Prepare for and Conduct Witness Interviews |  |  | [Estimate total time for each witness interview, including time for prep, waiting, interview, and post-interview memo prep; describe any communication challenges with witnesses] | |
| Consult with Co-counsel, Co-defendant Counsel, AUSA, Service Providers |  |  |  | |
| Obtain and Review Records, including Discovery |  |  |  | |
| Legal Research and Writing |  |  | [Estimate number of documents you expect to prepare] | |
| Trial Prep (only if litigation plan period includes trial) |  |  | [Estimate prep time in the weeks immediately preceding trial (include doc review, client meetings, witness prep, etc. here rather than in the separate categories above); estimate total out-of-court hours you expect to work during trial; identify number of likely prosecution and defense witnesses] | |
| Travel |  |  | [Estimate travel time to see client or potential witnesses and travel to and from court. To request authorization for overnight travel, please see travel table below] | |
| Other (including litigation plan prep) |  |  | [Describe specific tasks and estimated time for each] | |
| Total Hours Requested | **0** | **0** |  | |
| Costs Per Atty for All Tasks | **Counsel: $0** | | | **Co-Counsel: $0** |

1. In the following table, please identify each previously authorized service provider or expert, the hours requested for that provider (**in the Justification column indicate how many of the requested hours were previously authorized**), and any additional service provider or expert you are requesting for this phase (attaching a copy of a CV or resume to this form):

REQUESTED SERVICE PROVIDERS

(Paralegal, Contract Associate, Investigator(s), Experts)

|  | **Name and Specialty** | **Requested** | | **Cost** | **Justification and Scope of Work (including justification to exceed presumptive hourly rates)** | |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Hours** | **Rate** |  |  | |
| **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** |

1. Please 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

| **Expense Type** | **Amount** | **Justification** | |
| --- | --- | --- | --- |
|
|  |
|  | **$** |  | |
|  | **$** |  | |
|  | **$** |  | |
|  | **$** |  | |
|  | **$** |  | |
|  | **$** |  | |
|  | **$** |  | |
| **Total Amount Requested for Expenses:** | | | **$0.00** |

1. Please 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 TRAVEL TRIPS

| **Traveler** | **Destination** | **No. of Nights** | **No. of Trips** | **Purpose of Travel** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**NOTE: In addition to completing this request, you will still need to create separate travel authorizations (TRAVEL) in eVoucher for any out of district travel/overnight travel prior to booking flights.**

|  |
| --- |
| 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 *nunc pro tunc* request: |

|  |
| --- |
| **INSTRUCTIONS:**  Upon completion of the form, please email it to CJA Supervising Attorney Darrel Gardner [darrel\_gardner@waed.uscourts.gov](mailto:darrel_gardner@waed.uscourts.gov) . If there are service providers included in your request, please include their resume or CV.  When consultation is complete, you can upload a PDF version of this form to a CJA-26 in eVoucher using the Documents page. On the Basic Info page, the amount requested should be the attorney hours only (not service providers). On the Justification page, you do not have to answer the CJA-26 questions; simply note “See attached litigation plan.” If you have requested service providers or experts, please create AUTHs for said providers and upload a copy of this litigation plan along with CV’s or supporting documentation for service providers using the Documents page of the AUTH. If additional providers or attorney hours are needed beyond the submitted litigation plan, please contact Darrel Gardner at 509-458-3423 |