

Review/Approve CJA 24-Court Reporter Voucher

After the authorization for transcripts has been approved, the court reporter will create a CJA 24 Voucher for payment. Once this document is created by the court reporter, it will be submitted to the attorney for review and approval.

Step 1

Locate the CJA-24 Voucher on the Attorney **Home** page and click the link.

Figure 1: My Documents Folder



The screenshot displays the Attorney Home page. At the top, there is a navigation menu with links for Home, Operations, Reports, Links, Help, and logout. Below the menu, a breadcrumb trail shows the user is on the Home page. A welcome message for John Doe is displayed, along with links for My Profile and My Appointments. The main content area is titled 'My Active Documents' and contains a table with the following data:

Case	Defendant	Type	Status	Date Entered
3:16-CR-00017-WM... Start: 04/03/2016 End: 04/10/2016	Defendant 1 (# 1) Claimed Amount: 3,0...	CJA-21 Ian Investigator Investigator	Submitted to Attorney 0758.000043	04/10/2016
3:16-CR-00017-WM... Start: 04/10/2016 End: 04/10/2016	Defendant 1 (# 1) Claimed Amount: 2.00	CJA-24 Cindy Courtreporter	Submitted to Attorney 0758.000045	04/10/2016

The second row of the table, representing the CJA-24 voucher for a court reporter, is highlighted with a red box. The page number '1' is visible at the bottom left, and 'Page 1 of 1 (2 items)' is visible at the bottom right.

Step 2

On the **Basic Information** Tab, verify the information. Click **Next**.

Figure 2: Basic Information Tab

Description

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

Court Report/Transcriber Status
 Official Contract Transcriber Other

Payment Info

Preferred Payee: **Cindy Courtreporter**
Cindy Courtreporter
Billing Code:0758-000002
120 N. Henry St.
Madison, WI
53703 - US
Phone: 6082615723
Fax:

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



On the **Services** tab, verify the services claimed by the court reporter, such as the number of pages and rate. Click **Next**.

Figure 3: Services Tab.

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

Services

Date: 4/4/2016 *
 Description: *

Service Type: *

Include Page Numbers:

No. of Pages: * Rate Per Page: *

Less Amount Apportioned:

Less Amount Adjusted:

*** Required Fields**

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

Service Type	Date	Description	Incl. Page Numbers	No. Pages	Rate	Apportioned	Discount	Total
Copy	04/04/2016	test		20	\$0.90	\$0.00	\$0.00	\$18.00
Original	04/04/2016	test		10	\$3.65	\$0.00	\$0.00	\$36.50

1 Page 1 of 1 (2 items)

Step 4

On the Expenses tab, verify any expenses claimed and click **Next**.

Figure 4: Expenses Tab

Basic Info Services Expenses Documents Confirmation

Expenses

Date: 4/4/2016 * Description: [Empty] *

Expense Type: [Dropdown] *

Miles: [Input] rate per mile: \$0.5400

Amount: [Input] Add Remove

* Required Fields

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

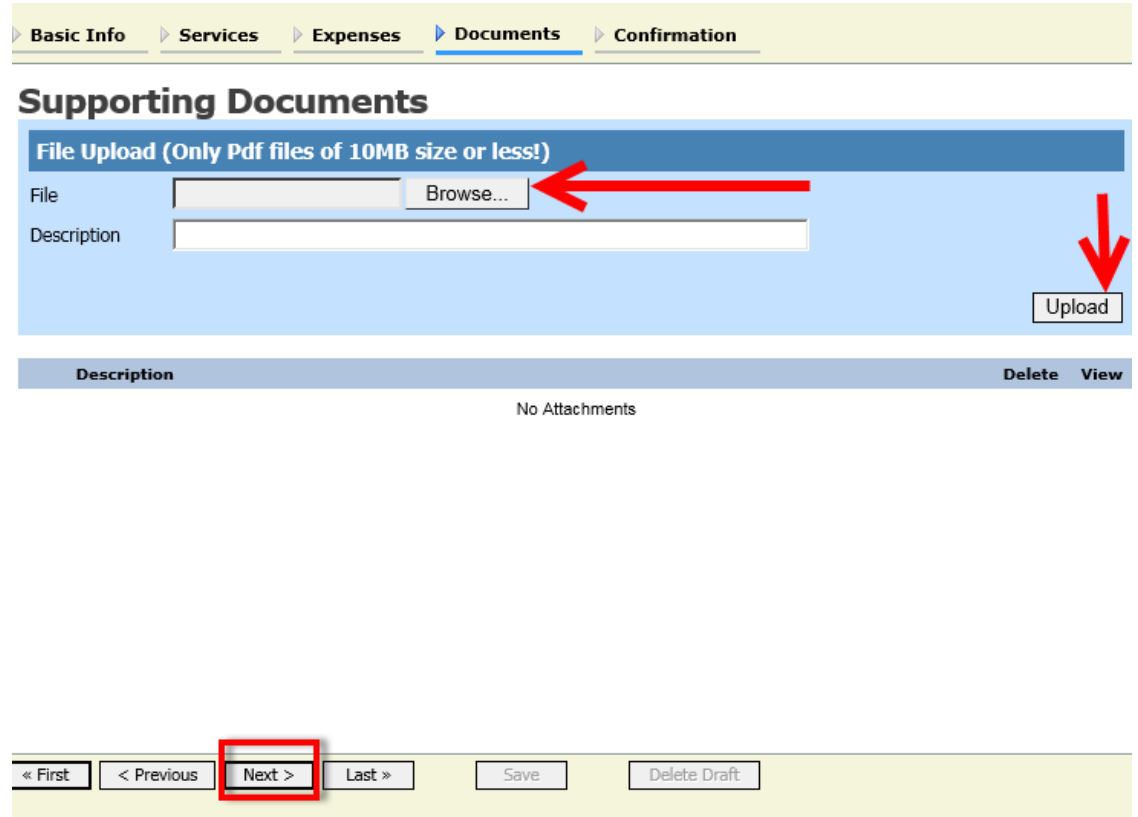
Expense Type	Date	Description	Mile	Rate	Amount
No data					

« First < Previous **Next >** Last » Save Delete Draft

Step 5

On the Supporting Documentation tab, open and verify any documents. You may also add any supporting documents here by clicking **Browse, Upload**, click **Next**.

Figure 5: Supporting Documentation Tab



Step 6

Review the Confirmation page for accuracy and select the "I certify that...." Check box and click **Approve**.

Figure 6: Confirmation Tab

Voucher Information:
 Voucher #: 0758.0000045
 Request Date: ---
 Approved Date: ---

Summary: \$2.00

Services:
 Original: \$2.00
 Copy: \$0.00
 Total: \$2.00

Travel:
 Travel Mile: \$0.00
 Travel Misc: \$0.00
 Total: \$0.00

Expenses:
 Expense Type: Amount
 Fax: \$0.00
 Long Distance Charge: \$0.00
 Photocopies: \$0.00
 Postage: \$0.00
 Other Expenses: \$0.00
 Total: \$0.00

Tasks:
[Link to Appointment](#)
[Link to Remandation](#)

Reports:
[Form CJA 24](#)
[Defendant Detail Budget Sheet](#)
 Detail Budget info for defendant
[Defendant Summary Budget Report](#)
 Totals only of Budget info for defendant

3. SAUC DIST DEF NUMBER: 16-CR-00073-WJEC-SLC
4. DIST. DISTDEF NUMBER: 16-CR-00073-WJEC-SLC
5. APPELLA DISTDEF NUMBER:
6. OTHER DISTDEF NUMBER:

7. BY CLAIMANT/DEF (Full Name): United States of America v. Outsdaw: 1
8. FUGITIVE CATEGORY: Fugity (including pro-trial diversion of alleged fugity)
9. TYPE PERSON REPRESENTED: Adult Defendant
10. REPRESENTATION TYPE: Criminal Case

11. OFFENSE(S) CHARGED:

12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED: Trial

13. PROCEEDING TO BE TRANSCRIBED (Checklist goes/yes/no): NOTE: The trial transcripts are not to include prosecution opening statement

14. SPECIAL AUTHORIZATIONS:

A. Appointed Cost: % of transcript with: W/MC

B. 14-Day Expedited Daily Hourly Realtime Unedited: W/MC

C. Prosecution Opening Statement Prosecution Argument Prosecution Rebuttal
 Defense Opening Statement Defense Argument Voir Dire Jury Instructions

D. In this reals-defendant case, commercial duplication of transcripts will impede the delivery of authorized transcript services to persons proceeding under the Criminal Justice Act.

15. ATTORNEY'S STATEMENT:
 As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.
 Signature of Attorney: John Doe
 Date: 4/10/2016 14:58:08
 Printed Name: John Doe
 Telephone Number: 6082615132

16. COUNTY ORDER:
 Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.
 Signature of Presiding Judge or By Order of the Court: William M Cooley
 Date of Order: 04/10/2016
 Print Name: William M Cooley

17. COUNTY REPORTER TRANSCRIBER STATUS:
 Official Contract Transcriber Other

18. FINDER'S NAME AND ADDRESS:
 Cindy Courtopcor
 120 N. Murray St.
 Madison WI 53705 US
 Phone: 6082615132

19. SOCIAL SECURITY NUMBER OR EMPLOYEE ID NUMBER OF FINDER:
 TID: *****

20. TRANSCRIPT	SPELLING PAGE NUMBER	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT AUTHORIZED	TOTAL
Original	see detail	1	see detail	\$2.00	see detail	\$2.00
Copy	see detail	0	see detail	\$0.00	see detail	\$0.00
Expenses (Claims)						\$0.00
				TOTAL AMOUNT CLAIMED		\$2.00

21. CLAIMANT CERTIFICATION OF SERVICE PROVIDER:
 I hereby certify that the above claims for the services rendered and to whom, and the claimant sought or received payment, does represent an applying of being item any other source for these services.
 Signature of Claimant/Payer: Lynette Swanson
 Date: 4/10/2016 16:21

22. ATTORNEY CERTIFICATION:
 I hereby certify that the services were rendered and that the transcript was received.
 Signature of Attorney or Clerk: _____
 Date: _____

23. APPROVED FOR PAYMENT - COURT USE ONLY:
 Signature of Judge or Clerk of Court: _____
 Date: _____
 Approved Amount: _____

24. PUBLIC/ATTORNEY NAME: _____

25. I certify that I have reviewed the above information:
 I certify that I have reviewed the above information
 Date: _____

Buttons: Approve, Reject

The voucher has now been submitted to the Court.



Success

You have successfully approved this document.

Please keep the following document number for your own records:

0758.0000031

Back to:

[Home Page](#)

[Appointment Page](#)