SCIA 24 AUTHORIZATION AND	VOUCHER FOR PAYMENT OF TRANSCRIPT (R	Rev 01/08)

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED					VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER	4.	DIST. DKT./DEF. NUI	MBER	5. APPEALS DKT./DEF	. NUMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case No.			RY □ Petty Offense □ Other	 9. TYPE PERSON REPH Adult Defendant Juvenile Defendant Other 	RESENTED Appellant Appellee	10. REPRESENTATION TYPE (See Instructions)			
11. OFFENSE(S) CHARGED (Cite	U.S. Code, Title	e & Section) If more the	an one offense, list (1	up to five) major offenses ch	arged, according to s	everity of offense.			
REQUEST AND AUTHORIZATION FOR TRANSCRIPT									
12. PROCEEDING IN WHICH TR	ANSCRIPT IS	TO BE USED (Describ	e briefly)						
13. PROCEEDING TO BE TRANS argument, defense argument, pr						nent, defense openi	ng statement, prosecution		
14. SPECIAL AUTHORIZATION	S						JUDGE'S INITIALS		
A. Apportioned Cost	% of tran	script with (Give case n	ame and defendant)						
B. 14-Day Expedited Daily Hourly Realtime Unedited									
C. Prosecution Opening C. Defense Opening Sta		Prosecution Argum		ution Rebuttal	and Instantions				
D. In this multi-defendant of	Defense Opening Statement Defense Argument Voir Dire Jury Instructions D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding								
under the Criminal Justi 15. ATTORNEY'S STATEMENT	ce Act.			16. COURT ORDER					
As the attorney for the person rep transcript requested is necessar authorization to obtain the transcr to the Criminal Justice Act.	y for adequate	representation. I, th	erefore, request	Financial eligibility of satisfaction the authori			tablished to the Court's anted.		
Signature of Attorney Date Signature of Presiding Judge or By Order						e or By Order of th	e Court		
						Nunc	Pro Tunc Date		
Telephone Number: Pro-Se Legal Organization									
			CLAIM FOR	SERVICES					
17. COURT REPORTER/TRANSCRIBER STATUS 18. PAYEE'S NAME AND MAILING ADDRESS									
□ Official □ Contract □ Transcriber □ Other									
19. SOCIAL SECURITY NUMBER	R OR EMPLOY	ER ID NUMBER OF P	AYEE						
Telephone Number:									
20. TRANSCRIPT		INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUN APPORTIONE	101 Δ1		
Original									
Сору									
Expense (Itemize)									
					TOTAL AMOU	NT CLAIMEI):		
 CLAIMANT'S CERTIFICATIO I hereby certify that the above cl these services. 			ect, and that I have no	ot sought or received payme	nt (compensation or	anything of value)	from any other source for		
Signature of Claimant/Payee Date									
22. CERTIFICATION OF ATTORI	NEY OR CLER			ERTIFICATION addred and that the transcrip	t was received.				
Signature of Attorney or Clerk Date									
APPROVED FOR PAYMENT — COURT USE ONLY									
23. APPROVED FOR PAYMENT 24. AM						24. AMOU	NT APPROVED		
Signature of Judge or Clerk of Court					Date				