**UNITED STATES DISTRICT COURT**

**Northern District of California**

***CONFIDENTIAL BUDGET APPLICATION FOR A COMPLEX CASE***

|  |  |  |
| --- | --- | --- |
| Defendant's Name: |  | |
| Case No.: |  | |
| No. of Co-defendants: |  | |
|  |  | |
| COMPLEX CASE: |  | |
| Appointed Counsel: |  | |
| Appointment Date: |  | |
| Estimated Time Period Covered by this Application: | From: Click to enter date. | To: Click to enter date. |

Please estimate attorney and service provider costs for a 6-month period.

# ATTORNEY HOURS requested:

| **Tasks** | **DETAILED JUSTIFICATION** | |
| --- | --- | --- |
| **Number of Hours Req'd** |  | |
| In Court Hearings |  |  | |
| Conf/Correspond with Client |  |  | |
| Prepare for and Conduct Witness IVs |  |  | |
| Consult with Experts & Investigators |  |  | |
| Obtaining & Reviewing the Court Record |  |  | |
| Obtain & Reviewing Documents & Evidence |  |  | |
| Consult with Co-Counsel  and Expert Counsel |  |  | |
| Legal Research and Writing |  |  | |
| Travel |  |  | |
| Other |  |  | |
| Total Hours Requested for All Tasks |  |  | |
| **Total Attorney Costs for All Tasks** |  | |

SERVICE PROVIDERS(Paralegal, Associate, Investigator(s), Experts**[[1]](#footnote-1)**)

NOTE: Please review permissible hourly rates on the CJA section of the court's website (www.cand.uscourts.gov) BEFORE submitting this request.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Specialty** | **Requested** | | **Cost** | **DETAILED JUSTIFICATION**  *If necessary, you may attach a supporting memorandum for a particular service provider or*  *hourly rate that is outside the permissible rate range.* |
| **Hours** | **Rate[[2]](#footnote-2)** |
| **1** |  |  |  | **$** | **$** |  |
| **2** |  |  |  | **$** | **$** |  |
| **3** |  |  |  | **$** | **$** |  |
| **4** |  |  |  | **$** | **$** |  |
| **5** |  |  |  | **$** | **$** |  |
| **6** |  |  |  | **$** | **$** |  |
| **7** |  |  |  | **$** | **$** |  |
| **8** |  |  |  | **$** | **$** |  |
|  | **Total Requested for Service Providers:** | | | | **$** |  |

# EXPENSES

| **Type** | **Cost** | **DETAILED JUSTIFICATION**  *If applicable, please attach the vendor's written estimate.* |
| --- | --- | --- |
|
|  |
|  | **$** |  |
|  | **$** |  |
|  | **$** |  |
|  | **$** |  |
|  | **$** |  |

|  |
| --- |
| 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 authorization timely*.  *Nunc Pro Tunc* Date: Click to enter a date.  Justification for *nunc pro tunc* request: |

# ATTORNEY DECLARATION

I, , hereby declare under penalty of perjury that the information provided in this Ex Parte Request for CJA Funds is accurate and truthful and that I am a licensed attorney authorized to practice law in the District Court, Northern District of California.

|  |  |  |
| --- | --- | --- |
| /s/ | Date: | Click to enter a date. |
| Type Full Name |  |  |

|  |
| --- |
| **INSTRUCTIONS:** 1. Save completed application as a PDF with subject line: INITIAL BUDGET REQUEST + Case Number 2. Create a CJA26 in eVoucher and upload this form under the document tab (attach resumes and memoranda, if any).  3. Fill out the face page of the CJA26 including the total amount of the increased statutory maximum in attorney fees that you are requesting.  4. Confirm and submit the CJA26 though eVoucher.  5. You will receive an email from the eVoucher system when your budget has been approved.  6. Call CJA Supervising Attorney Diana Weiss @ 415-522-2822 if you have any questions. |

1. If you are seeking funds for an expert or service provider, please attach his/her resume. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)