

## Budget Authorizations

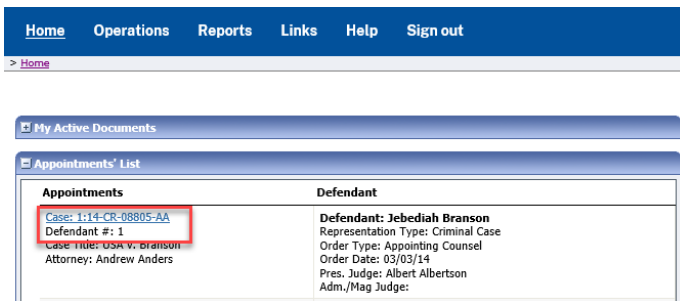
The Budget Auth document type allows you to request additional attorney funds and/or to request service providers on a budgeted case. It is important to note that the Budget Auth document DOES NOT create actual authorizations. Service provider requests approved in the budget auth still require an auth to be processed once the budget auth is approved.

For additional information about the case budgeting process, an [Explanatory Memorandum](#) is available, and attorneys should the 8th Circuit Case-Budgeting Attorney, Mark Thomason, by phone at (314) 917-3932 or email at [mark\\_thomason@ca8.uscourts.gov](mailto:mark_thomason@ca8.uscourts.gov), for guidance of creating and submitting a budget request.

## Create a Budget Auth

### STEP 1

Click the hyperlink for the correct case to access the Appointment Info page.



### STEP 2

On the Appointment Info page, in the Create New Voucher section, click the **Create** hyperlink next to BUDGETAUTH.

**Appointment**  
In this page you will find a summary about this appointment, including a list of vouchers related to this appointment and links to create new vouchers

[View Representation](#)

**Create New Voucher**

<b>AUTH</b> Authorization for Expert and other Services	<a href="#">Create</a>
<b>AUTH-24</b> Authorization for payment of transcript	<a href="#">Create</a>
<b>BUDGETAUTH</b> Authorization for Excess Attorney Fees and/or Expert and other Services on Budgeted Case	<a href="#">Create</a>
<b>CJA-20</b> Appointment of and Authority to Pay Court-Appointed Counsel	<a href="#">Create</a>

**Appointment Info**

1. CIR./DIST./DIV. CODE 0101	2. PERSON: Mister Bac
3. MAG. DKT. DEF. NUMBER 3:19-MJ-04562-4562-JL	4. DIST. DK
7. IN CASE/MATTER OF(Case Name) USA vs Badman	8. PAYMEN Felony (in of alleged)
11. OFFENSE(S) CHARGED 10:2408.M DEFENSE CONTRACT RELATED	
12. ATTORNEY'S NAME AND MAILING ADDRESS Atty Longoria 123 Lane San Antonio TX 78229 Phone: 2102222222 Email: <a href="mailto:jaimelongoria@ao.uscourts.gov">jaimelongoria@ao.uscourts.gov</a>	
14. LAW FIRM NAME AND MAILING ADDRESS	


**Vouchers on File**  
To group by a particular Header, drag the colu

# eVoucher 6.4 Budget Authorizations – Attorneys

## STEP 3

On the **Basic Info** tab of the budget auth, you must enter information in the **Budget Phase/Stage** and **Requested Additional Attorney Fees** fields. Optionally, in the **Notes** field, you can add notes that you would like to be viewed with the requested amounts (you still have an opportunity to include notes on the **Confirmation** tab). If no attorney fees are being requested, you **MUST** enter **\$0** to submit the budget auth to the court.

Home Operations Reports Links Help Sign out



**BUDGETAUTH**  
Request Entry

Def.: Theo Thief

[Link to CM/ECF](#)

Voucher #:  
Request Date:  
Decision Date:

**Tasks**

[Link To Appointment](#)

[Link To Representation](#)

**Reports**

[Budget Auth Form- Attorney](#)

[Budget Auth Form- Attorney](#)

[Budget Auth Form- Attorney](#)

Basic Info
Authorization Request
Documents
Confirmation

### Basic Info

1. CIR./DIST./DIV./CODE 0101	2. PERSON REPRESENTED Theo Thief	VOUCHER NUMBER	
3. MAG. DKT/DEF NUMBER	4. DIST. DKT/DEF NUMBER 1:19-CR-45611-9877-JL	5. APPEALS. DKT/DEF NUMBER	6. OTHER. DKT/DEF NUMBER
7. IN CASE/MATTER OF(Case Name) Thief vs USA	8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Criminal Case
11. OFFENSE(S) CHARGED 12.1715.F MORTGAGE/INSURANCE LOW-COST, INCOME ASSISTED PROPERTY12:1786L.M REMOVED DIRECTOR, OFFICER OR MEMBER, PENALTIES			
13. ATTORNEY'S NAME AND MAILING ADDRESS Atty Longoria 123 Lane San Antonio TX 78229 Phone: 2102222222 Email: <a href="mailto:Jaime_longoria@ao.uscourts.gov">Jaime_longoria@ao.uscourts.gov</a>		13. COURT ORDER <input type="checkbox"/> A Associate <input type="checkbox"/> C Co-Counsel <input checked="" type="checkbox"/> D Federal Defender <input type="checkbox"/> F Subs for Federal Defender <input type="checkbox"/> L Learned Counsel (Capital Only) <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> R Subs for Retained Attorney <input type="checkbox"/> S Pro Se Attorney <input type="checkbox"/> T Retained Attorney <input type="checkbox"/> U Subs for Pro Se <input type="checkbox"/> X Administrative <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name Appointment Date Signature of Presiding Judge or By Order of the Court Judge Longoria Date of Order 6/14/2019 Nunc Pro Tunc Date Repayment <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14. LAW FIRM NAME AND MAILING ADDRESS			

Order Date

Nunc Pro Tunc Date

Budget Phase/Stage

**Attorney Funding Information**

Current Representation Limit	\$ 11,500.00
Requested Additional Attorney Fees	<input type="text"/>
Authorized Additional Attorney Fees	<input type="text"/>
Grand Total Authorized Attorney Fees	\$ 11,500.00

Notes

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

# eVoucher 6.4 Budget Authorizations – Attorneys

## STEP 4

If no service providers/experts will be used, skip to Step 5.

On the **Authorization Request** tab, from the **Service Provider Type** drop-down list, select the service provider(s) type you wish to use. Any previous authorizations for that provider type display. Click the previous authorization to add the additional amount requested, and then click **Add**. Note that the provider request appears in the grid below. Continue to add service providers, and then click the **Documents** tab when complete.

Basic Info | **Authorization Request** | Documents | Confirmation

### Request For Service Providers

Service Provider Type: Accountant

**Previous Authorizations for this Provider Type:**

ID Number: 475  
 Order Date: 09/11/2019  
 Authorized Amount: \$1,500.00  
 Grand Total Amount: \$1,500.00

Service Type: Accountant  
 Estimated Amount: \$1,500.00  
 Notes:

Previously Authorized Amount: \$1,500.00  
 Additional Amount Requested: \$3,000.00 \*

Additional Amount Authorized: [ ]  
 Description: [ ]  
 Court Notes: [ ]

Add Remove

\* Required Fields

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

Service Provider Type	Previously Authorized Amount	Additional Amount Requested	Description
Accountant	\$1,500.00	\$3,000.00	
Chemist/Toxicologist	\$600.00	\$1,000.00	

Note that if there is no prior auth, you only need to enter an amount in the **Additional Amount Requested** field.

Basic Info | **Authorization Request** | Documents | Confirmation

### Request For Service Providers

Service Provider Type: CALR (Westlaw/Lexis, etc.)

**Previous Authorizations for this Provider Type:**

No Previous Authorizations Found

Previously Authorized Amount: \$0.00  
 Additional Amount Requested: \$1,000.00 \*

Additional Amount Authorized: [ ]  
 Description: [ ]  
 Court Notes: [ ]

Add Remove

\* Required Fields

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

Service Provider Type	Previously Authorized Amount	Additional Amount Requested	Description
Accountant	\$1,500.00	\$3,000.00	
Chemist/Toxicologist	\$600.00	\$1,000.00	

## eVoucher 6.4 Budget Authorizations – Attorneys

### STEP 5

On the **Documents** tab, upload any relevant documents. All documents must be submitted in PDF format and must be 10 MB or less. The following documents must be attached to all budget requests:

- [CJA 28A](#): Attorney Services – Detailed
- [CJA 28B](#): Attorney Services – Summary
- Letter explaining and justifying the need to exceed the case maximum.

If investigative, expert, or other services are anticipated, attach the following detailed and summary documents, as applicable:

- [CJA 28C](#): Investigative Services – Detailed
- [CJA 28D](#): Investigative Services – Summary
- [CJA 28E](#): Expert Services – Detailed
- [CJA 28F](#): Expert Services - Summary
- [CJA 28G](#): Other Services – Detailed
- [CJA 28H](#): Other Services – Summary

[Basic Info](#)
[Authorization Request](#)
[Documents](#)
[Confirmation](#)

### Supporting Documents

File Upload (Only Pdf files of 10MB size or less!)

File

Description

Description	Delete	View
No Attachments		

Then click the **Confirmation** tab.

# eVoucher 6.4 Budget Authorizations – Attorneys

## STEP 6

On the **Confirmation** tab, review and confirm that all information is correct. In the **Public/Attorney Notes** field, you can include any information to the court. Select the check box to swear and affirm the accuracy of the voucher, which will automatically be time stamped. Click **Submit** to send to the court.

Home Operations Reports Links Help Sign out

**Success**

This document has been submitted.

Please keep the following document number for your own records:

**0101.0000551**

Back to:  
[Home Page](#)  
[Appointment Page](#)

## STEP 7

A confirmation screen appears, indicating the previous action was successful and the authorization has been submitted. Click the **Home Page** hyperlink to return to the home page, or click the **Appointment Page** hyperlink to create an additional document for this appointment.

Basic Info Authorization Request Documents **Confirmation**

**Confirmation**

1. CIR./DIST/DIV. CODE 0101	2. PERSON REPRESENTED Mister Badman	VOUCHER NUMBER	
3. MAG. DKT/DEF. NUMBER S-19-ML-04562-4562-IL	4. DIST. DKT/DEF. NUMBER	5. APPEALS. DKT/DEF. NUMBER	6. OTHER. DKT/DEF. NUMBER
7. IN CASE MATTER OF (Case Name) USA vs Badman	8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE DR 1 - Drugs Minus 2
11. OFFENSE(S) CHARGED 10-2408 M DEFENSE CONTRACT RELATED FELONIES, CONTRACTORS			
12. ATTORNEY'S NAME AND MAILING ADDRESS Atty Longoria 123 Lane San Antonio TX 78229 Phone: 2102222222 Email: <a href="mailto:jaimelongoria@ao.uscourts.gov">jaimelongoria@ao.uscourts.gov</a>		13. COURT ORDER <input type="checkbox"/> A Associate <input type="checkbox"/> C Co-Counsel <input checked="" type="checkbox"/> D Federal Defender <input type="checkbox"/> F Subs for Federal Defender <input type="checkbox"/> L Learned Counsel (Capital Only) <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> R Subs for Retained Attorney <input type="checkbox"/> S Pro Se <input type="checkbox"/> T Retained Attorney <input type="checkbox"/> U Subs for Pro Se <input type="checkbox"/> X Administrative <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name Appointment Date: Signature of Presiding Judge or By Order of the Court Judge Longoria Date of Order 6/6/2019 Nunc Pro Tunc Date Repayment <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14. LAW FIRM NAME AND MAILING ADDRESS			

Attention: The notes you enter will be available to the next approval level.

Public/Attorney Notes

I swear and affirm the truth or correctness of the above statements

Date:

**Submit**

< First < Previous Next > Last > Save Delete Draft