

DISTRICT OF MONTANA

SERVICE PROVIDER FUNDING REQUEST “AUTH” FORM

*Attach this completed form to an AUTH in eVoucher BEFORE work exceeds
\$ 900 per case total for all service providers. (See [Montana's CJA Plan Appendix B](#))*

SUBMISSION INSTRUCTIONS

1. Upon completion print this document as a PDF.
2. In eVoucher, select case from your “Appointments’ List” and from the “Create New Voucher” menu, select create “AUTH”.
3. To create the AUTH select one of the following:
 - “Create New Authorization” if this is an initial funding request for this provider; or
 - “Request Additional Funds” if this is a second or subsequent request for this provider.
4. On the AUTH Basic Info tab, enter the following:
 - Amount Requested from Section III below in the “Estimated Amount” field;
 - Number of hours and hourly rate in “Basis of Estimate” field;
 - Brief description of services to be rendered in “Description” field;
 - “Service Type”; and
 - Provider’s name in “Notes” field (unless name unknown).
5. Upload the PDF of this form to the Documents tab.
6. Click “Submit” on the Confirmation

SECTION I - GENERAL INFORMATION

Attorney Name:

Defendant Name:

Case Title:

Case Number:

Total No. of Defendants:

Trial date, if any:

PSR date, if any:

Sentencing date, if any:

SECTION II – SERVICE PROVIDER INFORMATION

Service Provider Name:

Address:

Email:

Phone:

Type of Provider:

SECTION III – REQUESTED FUNDING

Presumptive rates for most providers are available on the Ninth Circuit’s [CJA Resources Webpage](#).

Number of hours:

Hourly Rate:

Amount Requested:

Is this the first request for this service provider type: ☐ YES ☐ NO

If no, total amount previously authorized: and total amount exhausted to date:

SECTION IV – JUSTIFICATION

Describe the services to be provided and why they are necessary. If additional information is needed for any of the following fields please add to note section on page 3. If exceeding the statutory maximum, explain why the requested services are “necessary to provide fair compensation for services of an unusual character or duration.” 18 U.S.C §§ 3006A(e)(3); 3599(g)(2). For supplemental requests, describe what was accomplished with the prior authorization(s) and what services will be provided with the additional funds:

Describe the provider’s relevant experience or specialized knowledge and/or attach a CV, resume, and any relevant license to the Documents tab of the AUTH:

NUNC PRO TUNC AUTHORIZATION

Note: Counsel is responsible for the oversight of service providers and the status of their available funding. Nunc pro tunc requests for services exceeding \$900 per case for all providers or services exceeding an existing funding authorization may be denied absent adequate justification for not requesting the funds in a timely manner.

Requested *Nunc pro tunc* date:

Explanation for why procurement of necessary services could not await prior authorization:

