

**DISTRICT OF MONTANA  
REQUEST FOR EXCESS COMPENSATION (“REC”) FORM**

*Complete and attach this form to CJA-20 in eVoucher if total attorney fees exceed the [statutory maximum](#).*

**SUBMISSION INSTRUCTIONS**

1. Upon completion print this document as a PDF.
2. In eVoucher, upload the PDF of this form to the Documents tab of your CJA-20 voucher.
3. If additional Information is needed for certain fields please add to note section on page 3.

**SECTION I - GENERAL INFORMATION**

Attorney Name: \_\_\_\_\_ Voucher time period: \_\_\_\_\_  
Appointment date: \_\_\_\_\_  
Defendant Name: \_\_\_\_\_  
Case Title: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Total No. of Defendants: \_\_\_\_\_  
Designated Complex:     YES    NO  
Trial date, if any: \_\_\_\_\_ Result:  Guilty    Not Guilty    Mistrial  
# of Trial days, if any: \_\_\_\_\_  
Plea date, if any: \_\_\_\_\_  
Sentencing date, if any: \_\_\_\_\_

Is this your first and final CJA-20 voucher:     YES    NO

Are you subsequent CJA counsel in this case:     YES    NO

Are you requesting interim vouchers for future payments:     YES    NO

**NOTE:** For representations that will likely exceed 300 attorney hours or if total case costs might exceed \$50K, counsel should contact CJA Supervising Attorney Wendy Holton at [wendy\\_holton@fd.org](mailto:wendy_holton@fd.org) to discuss available case resources and budgeting.

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**SECTION II – JUSTIFICATION FOR CASE BEING EXTENDED OR COMPLEX**

1. Summary of government’s allegations (in layperson’s terms); number of counts and (if applicable) overt acts related to your client; and client’s sentencing exposure (including any mandatory minimums):

2. **Case status:**
  
3. **Volume and nature of discovery (page numbers and/or byte size) and effect on complexity/duration of case:**
  
4. **Type and necessity of service providers/experts retained or likely to be requested:**
  
5. **Client considerations, e.g., mental health, language differences, custodial status, accessibility:**
  
6. **Types of motions, legal analyses, sentencing memoranda, and other filings completed or likely to be drafted:**
  
7. **Any other issues that make this representation extended or complex:**

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**SECTION III – WORK SUMMARY (FOR INTERIM PAYMENTS ONLY)**

*If submitting interim payments, summarize the work performed during each billing period and update Section II above as needed. Save, update and attach this form to each interim voucher through conclusion of the representation to provide a progressive work summary (to add additional rows, before adding text in the last row, click in the last row and then click the plus button on the right).*

*Example: “Reviewed discovery, including select wiretaps and recorded co-defendant interviews; researched sentencing guidelines; extensive plea discussions; multiple client meetings.”*

BILLING PERIOD	# OF HOURS	WORK PERFORMED

**Additional Space for Explanations/Notes from Previous Sections**