SCJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 5/99)

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED				VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER			5. APPEALS DKT./DEF. NU	JMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name)		8. PAYMENT CATEGORY G Felony G Petty Offense G Misdemeanor G Other G Appeal		9. TYPE PERSON REPREST G Adult Defendant G Juvenile Defendant G Other	G Appellant (See Instruction			
11. OFFENSE(S) CHARGED (Cite U.S. C	ode, Title & S	ection) If more than one offen.	se, list (up to five) majo	r offenses charged, according to	o severity of offense.			
REQUEST AND AUTHORIZATION FOR TRANSCRIPT								
<ol> <li>PROCEEDING IN WHICH TRANS</li> <li>PROCEEDING TO BE TRANSCRIFT</li> </ol>								
prosecution argument, defense argun						siatement,		
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS	
A. Apportioned % of transcript with ( <i>Give case name and</i>								
B. G Expedited G Daily G Hourly Transcript G Realtime Unedited Transcript								
C. G Prosecution Opening G Prosecution G Prosecution Rebuttal G Defense Opening Statement G Defense Argument G Voir Dire G Jury Instructions								
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript								
services to persons pro-	ceeding und	er the Criminal Justice A	Act.	16. COURT ORDER				
As the attorney for the person repr transcript requested is necessary authorization to obtain the transcrip to the Criminal Justice Act.	for adequa	ate representation. I, th	herefore, request	Financial eligibility of satisfaction the authorizat		-	blished to the Court's	
Signature of Attorney         Date         Signature of Presiding Judicial Officer or By Order							he Court	
Printed Name Telephone				Date of Order Num		Nunc	Pro Tunc Date	
G Panel Attorney G Retained	I Attorney	G Pro-Se G L	egal Organization					
			CLAIM FOR					
17. COURT REPORTER/TRANSCRIBER STATUS       18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS         19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE       The last Name of Payee								
20. TRANSCRIPT		INCLUDE	NO. OF PAGES	RATE PER PAGE	Telephone SUB-TOTAL	LESS AMOUNT	TOTAL	
Original		PAGE NUMBERS	NO. OF TAGES	KATETEKTAGE	SOB-TOTAL	APPORTIONED	IOTAL	
Сору								
Expense (Itemize)								
TOTAL AMOUNT CLAIMED:								
<ol> <li>CLAIMANT'S CERTIFICATION OF I hereby certify that the above claim source for these services.</li> </ol>			that I have not sought o	or received payment (compensa				
Signature of Claimant/Payee					Date			
				ERTIFICATION				
22. CERTIFICATION OF ATTORNEY	OR CLERK	I hereby certify that the servic	ces were rendered and t	that the transcript was received.				
	Signature of	f Attorney or Clerk			Date			
APPROVED FOR PAYMENT — COURT USE ONLY           23. APPROVED FOR PAYMENT         24. AMOL							APPROVED	
Signature of Judicial Officer or Clerk of Court Date								