**UNITED STATES DISTRICT COURT**

**CENTRAL DISTRICT OF CALIFORNIA**

**CACD AUTH FORM - PARALEGAL**

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| **INSTRUCTIONS FOR OBTAINING CJA FUNDING FOR A PARALEGAL:**1. **Complete and Save This Form.** Complete this form and save it as a Word document, then print or publish it to PDF. For supplemental funding requests, use the previously saved Word version of this form and add the necessary supplemental information, then print or publish the revised version to PDF.
2. **Create an AUTH in eVoucher**. Be sure to choose the correct option under “Authorization Type Selection” on the “Basic Info” Tab: choose “Request Additional Funds” if you have previously requested funds for a paralegal in this case; ***choose “Create New Authorization” only if this is the first request in this case for any paralegal***.
3. **Attach Supporting Documentation to AUTH.** Upload this form, a CV/resume and any other documents specifically required below, and anything else necessary to support your request to the “Documents” Tab of the AUTH in eVoucher.
4. **Submit the AUTH to the CJA Office.** All CJA funds are administered and processed in the eVoucher system. To complete your CJA funding request, you must check the “affirm” box and click “Submit” on the “Confirmation” Tab in eVoucher.
5. Questions? Contact us at cja@cacd.uscourts.gov or call Tracy Nelson at (213) 894-2382.
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**I. BASIC INFORMATION ABOUT REPRESENTATION**

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| --- | --- |
| Attorney Name: | Enter Attorney Name here |
| Defendant Name: | Enter Defendant Name here |
| Case Title: | Enter Case Title here |
| Case Number: | Enter Case Number here |
| Defendant Number: | Enter Defendant Number here |
| Total Number of Defendants: | Enter Total Number of Defendants here |
| Has Case Been Designated as COMPLEX by the USAO? (*Provide the docket number and give the government’s estimate of the number of trial days if provided.*) | Explain here if case is COMPLEX |
| Defendant’s Other Pending Cases (*give case numbers*): | List Defendant’s Other Pending Cases here |

**II. PARALEGAL INFORMATION**

|  |  |
| --- | --- |
| Name: | Enter Paralegal Name here |
| Phone Number: | Enter Paralegal Phone Number here |
| Email Address: | Enter Paralegal Email here |
| Billing Address: | Enter Paralegal Billing Address here |
| CV/Resume Attached (*Required for initial AUTH*): | Click here to choose your answer |
| MCLE Verified (*Required*) (*Per Business & Professions Code § 6450(d), paralegals must complete four hours of legal ethics every three years and four hours of substantive law every two years*): | Click here to choose your answer |
| Business & Professions Code § 6450(c) (*Required*) (*Please indicate the subsection under which the paralegal qualifies*): | [ ]  § 6450(c)(1) [ ]  § 6450(c)(3)[ ]  § 6450(c)(2) [ ]  § 6450(c)(4) |
| Is Paralegal a Member of the State Bar of California? | Click here to choose your answer*If yes, provide SBN:* State Bar Number |
| Is Paralegal Performing Any Services for a Co-Defendant on this Case or a Related Case? | Click here to choose your answer*If yes, please explain:* Explain here |
| Is Paralegal Related to You? A relative is a person connected to you by blood or marriage. | Click here to choose your answer*If yes, please explain relationship:* Explain here |
| Already Has CACD eVoucher User Name/Password? | Click here to choose your answer |

**III. TYPE AND AMOUNT OF REQUEST**

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| **Indicate below whether this is the first AUTH you have submitted in this case for any paralegal:** |
| [ ]  Yes. This is the first request to obtain paralegal services under 18 U.S.C. § 3006A(e) or 18 U.S.C. § 3599(f).[ ]  No. This is a supplemental request. |
| **If this is a supplemental request, indicate number of previous AUTHs submitted:** |       |
| **Amount Approved to Date:**  *Use the Defendant Detail Budget Report in eVoucher to Verify this Amount* |       |
| **Current Amount Requested:** *This**Amount must match the “Total Amount Requested” in Section VIII* |           |

**IV. BRIEF SUMMARY OF CASE TO DATE**

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| --- | --- | --- | --- |
| If applicable, provide the current trial date: |   | If applicable, provide the current sentencing date:  |   |
| Has a guilty plea been entered? |  [ ]  Yes [ ]  No | If yes, plea was entered on (*date*): |   |
| Has there been a trial? |  [ ]  Yes [ ]  No | If yes, how many trial days? |   |
| What was the result? (*check all that apply*) | [ ]  Guilty [ ]  Not Guilty [ ]  Mistrial | Date: |   |

**V. BRIEF SUMMARY OF CASE:** *Please include case-specific detail from the indictment, avoid generic descriptions,**and update accordingly.*

Provide summary in narrative form

rather than listing statutory charges

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| Click or tap here to enter text. |

**VI. BRIEFLY DESCRIBE THE SCOPE OF DISCOVERY RECEIVED FROM THE GOVERNMENT.** *Include the approximate (1) file size disclosed (e.g., # of mega/giga/tera bites); (2) number of pages of discovery; and (3) number of audio/video clips or files. PLEASE UPDATE THIS SECTION AS ADDITIONAL DISCOVERY IS RECEIVED.*

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| --- | --- |
| Month/Year | Description of Discovery |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

*Please add additional rows as needed. Click into last row, right-click, insert rows below.*

**VII. CASE PROGRESS: SUMMARIES OF WORK PERFORMED**

*For each supplemental paralegal funding request, please provide a summary of the work performed since the date of the prior approved AUTH. Provide case-specific detail, but* ***do not*** *include confidential information. The goal of this section is to see the progress of the work performed by the paralegal to prevent funding duplicative work and maximize reasonable funding.*

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| **Summary of Paralegal Work Performed Since Last Funding Authorization (#1)**Enter Month/Year Submitted  |
| Click or tap here to enter text. |
| **Summary of Paralegal Work Performed Since Last Funding Authorization (#2)** Enter Month/Year Submitted  |
| Click or tap here to enter text. |
| **Summary of Paralegal Work Performed Since Last Funding Authorization (#3)**Enter Month/Year Submitted  |
| Click or tap here to enter text. |
| **Summary of Paralegal Work Performed Since Last Funding Authorization (#4)**Enter Month/Year Submitted  |
| Click or tap here to enter text. |
| **Summary of Paralegal Work Performed Since Last Funding Authorization (#5)**Enter Month/Year Submitted  |
| Click or tap here to enter text. |
| **Summary of Paralegal Work Performed Since Last Funding Authorization (#6)**Enter Month/Year Submitted  |
| Click or tap here to enter text. |

*Please add additional rows as needed. Click into last row, right-click, insert rows below.*

**VIII. DESCRIPTION OF TASKS TO BE PERFORMED BY PARALEGAL**

* *Please estimate funding for a four to six-month period and request supplemental funding upon near exhaustion of approved funds.*
* *Review the “Paralegal Hourly Rate Policy” set forth below this chart.*  *Estimate the time needed per task, multiply by the corresponding hourly rate, and add the per-task amounts to determine the “total amount requested,” which must match the Current Amount Requested in Section III, above.*
* *Make sure sufficient justification is provided to support funding requested.*
* *If any part of this funding request is nunc pro tunc, please complete Section IX.*

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| **Task** | **Estimated # Hours Requested** | **Hourly Rate for Task\*** | **Amount Requested**  | **Provide Brief Detail of Tasks to Be Performed and, if Requesting the Higher Rate, Sufficient Justification to Support the Need for Foreign Language Skills***Explain why the requested services are necessary for adequate representation and why compensation in the amount requested is necessary to provide fair compensation for those services. 18 U.S.C § 3006A(a) and (e)(1) and (3); Guide to Judiciary Policy, Vol. 7, §§ 310.10.10 & 310.20.20***.** |
| Collect Records |       |       | $0.00 |       |
| Review, Summarize, or Analyze Discovery and Defense Documents (*generally describe the scope and substance of the discovery or documents to be reviewed)* |       |       | $0.00 |       |
| Discovery Database Management or Subjective Coding |       |       | $0.00 |       |
| Prepare Charts, Summaries, Binders, or Exhibits |       |       | $0.00 |       |
| Meet or Consult with Counsel, Client, Other Service Providers, or Case Agents |       |       | $0.00 |       |
| Identify, Locate, Search Background of, or Interview Witnesses |       |       | $0.00 |       |
| Conduct Research or Draft Documents |       |       | $0.00 |       |
| Examine Evidence or Case-Related Location |       |       | $0.00 |       |
| Prepare Reports |       |       | $0.00 |       |
| Assist Counsel in Court (*e-mail* *CJA Supervising Atty IN ADVANCE with request for in-court hours; you will be notified by email if your request is approved by the presiding judge; attach this e-mail to your AUTH.*) |       |       | $0.00 |       |
| Testify in Court or Deposition |       |       | $0.00 |       |
| Travel Time\* (*Your estimate must take into account the Travel Policies set forth below.*) |       |       | $0.00 |       |
| Other |       |       | $0.00 |       |
| TOTAL AMOUNT REQUESTED | 0 |  | $0.00 |  |

**\*PARALEGAL HOURLY RATE POLICY:** Generally, paralegals will be compensated at the rate of $65/hr. Paralegals may bill at the rate of $75/hr for tasks that require the use of a foreign language, if the paralegal is proficient in that language and in fact uses it in performing the task. Paralegals who are members in good standing of the California Bar will be compensated at the rate of $75/hr for all tasks. Please remember that the Court will not approve compensation for the task of downloading or printing documents or other secretarial or clerical tasks. The appointed panel attorney is responsible for describing the discrete tasks that need to be performed by the paralegal with sufficient detail to warrant authorization of funding. The panel attorney must also ensure that the paralegal’s vouchers are reasonable and comply with CACD CJA Policies and the Guide to Judiciary Policy.

**\*\* TRAVEL POLICIES: In estimating the number of hours to request for travel, you must take into account three factors: (1) some local travel is subject to caps on time and mileage; (2) travel for multiple clients should be combined when possible and billed appropriately; and (3) everyone is required to perform substantive work en route during any travel whenever doing so is feasible and safe. In addition, please note that all out-of-district and overnight travel requires pre-approval. See below for additional information, *all of which is equally applicable to both attorneys and service providers*.**

**(1) Local Travel.** For routine travel such as court appearances or client visits, service providers and attorneys must bill as if the starting point of the trip was the closer of either their home or office, regardless of where a particular trip actually begins or ends. Generally, for Western Division cases, roundtrip travel time between any two locations in Los Angeles County will be capped at 3 hours and roundtrip mileage will be capped at 150 miles. To claim actual time or mileage in excess of those amounts, you must provide justification. The same caps will apply to travel to any location in Los Angeles County for Western Division cases by service providers who live outside the Western Division; once in Los Angeles County on a Western Division case, case-related work requiring additional travel can be compensated at actual time and mileage (subject to the general 3-hour/150-mile cap).

**(2) Multiple Clients.** Every effort must be made to coordinate travel for different cases. For example, visits to multiple clients at MDC should be scheduled for the same day, if possible, to minimize the number of trips and the associated travel costs. Travel time for such trips may be billed either all under one client or pro-rated between clients, but time entries for such trips must in either case explain that travel was combined for multiple clients and must clearly identify those clients.

**(3) Working En Route.** When traveling, service providers and attorneys should make every effort to work on existing matters, especially during air and train travel. Service providers and attorneys must bill for the time spent performing substantive work while traveling as a separate line item, and indicate that the substantive work was performed “en route” in the description field of the service tab. Similarly, counsel and service providers must bill for the time spent exclusively on travel (the time when no substantive work was performed en route), and indicate total time in the description field of the service tab. See example below:



**(4) Inter-district, Overnight, or International[[1]](#footnote-1) Travel.** Absent extenuating circumstances, counsel must first obtain approval from the CJA Supervising Attorney by submitting a travel AUTH via eVoucher at least ten business days in advance. Once travel is authorized, the traveler must then contact National Travel Service (NTS) at 1-800-445-0668 to arrange the travel. When pre-approved by the CJA Supervising Attorney, travelers are not required to use the government contracted travel agency if alternative methods would result in an overall savings to the government. If the non-government fare exceeds the government contract rate, a traveler may only claim reimbursement up to the amount of the government contract fare rate. Please note that, in general, the CJA Office will not authorize payment for more than eight hours of travel time within a 24-hour period commencing when the traveler leaves his/her home or office.

**\*\*ADDITIONAL TRAVEL RESTRICTIONS MAY BE APPLIED WHEN NECESSARY IN INDIVIDUAL CASES\*\***

**IX. NUNC PRO TUNC AUTHORIZATION**

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| *Counsel is responsible for ensuring that advance authorization is requested as needed for all work. Paralegals who perform work in excess of authorized amounts may not be paid for that work. Nunc pro tunc requests may be submitted but will be denied absent extraordinary circumstances. Justification that is sufficiently persuasive and detailed to overcome the failure to obtain advance authorization must be provided with each nunc pro tunc request.* |
| **Requested Nunc Pro Tunc Date:** | Click or tap to enter a date. |
| **Justification for Nunc Pro Tunc Request:** | Provide explanation here |

1. International travel requires approval by the presiding judge as facilitated by the CJA Supervising Attorney. [↑](#footnote-ref-1)