**DISTRICT OF IDAHO**

**REQUEST FOR EXCESS COMPENSATION (“REC”) FORM**

*Complete and attach this form to CJA-20 in eVoucher if total attorney fees exceed the* [*statutory maximum*](https://www.uscourts.gov/rules-policies/judiciary-policies/cja-guidelines/chapter-2-ss-230-compensation-and-expenses#a230_23)*.*

**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

If this is a final payment request, is the request within 45 days of case closure?  YES  NO

Please provide a good cause explanation if in excess of 45 days:

Are you requesting additional funding for your case?:  YES  NO

Are you requesting interim vouchersfor future payments:  YES  NO

**NOTE: For representations that will likely exceed 300 attorney hours or if total case costs might exceed $30K, counsel should contact Circuit Case Managing Attorney Blair Perilman at** [bperilman@ce9.uscourts.gov](mailto:bperilman@ce9.uscourts.gov) **to discuss available case resources and budgeting.**

**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):**

1. **Case status:**

1. **Volume and nature of discovery (page numbers and/or byte size) and effect on complexity/duration of case:**

1. **Type and necessity of service providers/experts retained or likely to be requested:**

1. **Client considerations, e.g., mental health, language differences, custodial status, accessibility:**

1. **Types of motions, legal analyses, sentencing memoranda, and other filings completed or likely to be drafted:**

1. **Any other issues that make this representation extended or complex:**

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

*If submitting interim payments, summarize the work performed during each billing period and update Section II 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.”*

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| **BILLING PERIOD** | **# OF HOURS** | **WORK PERFORMED** |
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| **SUBMISSION INSTRUCTIONS**   1. Save this document as a PDF. 2. In eVoucher, upload the PDF of this form to the Documents tab of your CJA-20 voucher. |