

# eVoucher 6.5 Budget Authorizations – Attorneys

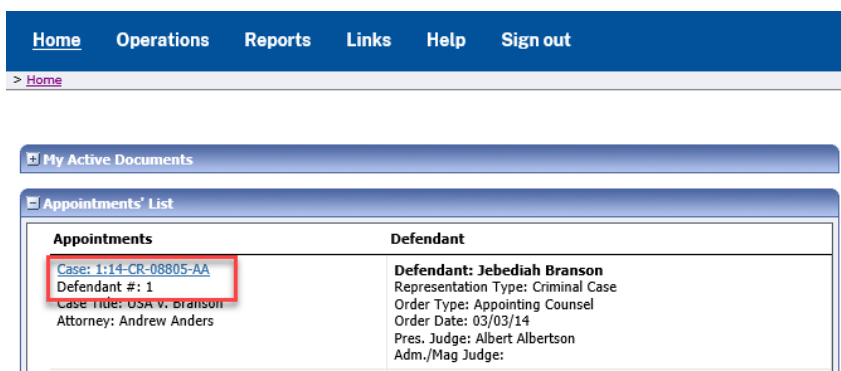
## Budget Authorizations

The Budget Auth document type allows you to request additional attorney funds and/or to request service providers on a budgeted case. Attorneys should coordinate the submission of this document with the circuit case budgeting attorney and/or the court’s CJA administrator. Service provider requests approved in the budget auth still require an auth to be processed once the budget auth is approved.

## Create a Budget Auth

### STEP 1

Click the hyperlink for the correct case to access the Appointment Info page.



### STEP 2

On the Appointment Info page, in the Create New Voucher section, click the **Create** hyperlink next to BUDGETAUTH.



**STEP 3**

On the **Basic Info** tab of the budget auth, you must enter information in the **Budget Phase/Stage** and **Requested Additional Attorney Fees** fields. Optionally, in the **Notes** field, you can add notes that you would like to be viewed with the requested amounts (you still have an opportunity to include notes on the **Confirmation** tab). If no attorney fees are being requested, you **MUST** enter **0** in the **Requested Additional Attorney Fees** field, and then submit the budget auth to the court.

**BUDGETAUTH**  
Request Entry

[Basic Info](#)
[Authorization Request](#)
[Documents](#)
[Confirmation](#)

Def.: Person201853

[Link to CM/ECF](#)

Voucher #: \_\_\_\_\_  
Request Date: \_\_\_\_\_  
Decision Date: \_\_\_\_\_

**Tasks**

[Link To Appointment](#)

[Link To Representation](#)

### Basic Info

1. CIR. DIST DIV. CODE 0312	2. PERSON REPRESENTED Person201853	VOUCHER NUMBER	
3. MAG. DKT/DEF. NUMBER 2:18-MJ-07088-1	4. DIST. DKT/DEF. NUMBER	5. APPEALS. DKT/DEF. NUMBER	6. OTHER. DKT/DEF. NUMBER
7. IN CASE MATTER OF (Case Name) United States vs. Person201853	8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Criminal Case
11. OFFENSE(S) CHARGED 18:1344A.F BANK FRAUD			
12. ATTORNEY'S NAME AND MAILING ADDRESS Andrew Anders 31 Attorney St Hackensack NJ 07601 Phone: 111-111-1111 Email: <a href="mailto:deadmail@aotx.uscourts.gov">deadmail@aotx.uscourts.gov</a>		13. COURT ORDER <input type="checkbox"/> A Associate <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> D Federal Defender <input type="checkbox"/> F Subs for Federal Defender <input type="checkbox"/> L Learned Counsel (Capital Only) <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> R Subs for Retained Attorney <input type="checkbox"/> S Pro Se <input type="checkbox"/> T Retained Attorney <input type="checkbox"/> U Subs for Pro Se <input type="checkbox"/> X Administrative <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name Appointment Dates Signature of Presiding Judge or By Order of the Court Test NJX-j44 Date of Order: 7/27/2018    Nunc Pro Tunc Date Repayment <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14. LAW FIRM NAME AND MAILING ADDRESS			

Order Date:

Nunc Pro Tunc Date:

Budget Phase/Stage:

### Attorney Funding Information

Representation Limit Upon Submission \$ 12,100.00

Requested Additional Attorney Fees \$

Authorized Additional Attorney Fees \$

Grand Total Authorized Attorney Fees \$ 12,100.00

Notes:

# eVoucher 6.5 Budget Authorizations – Attorneys

## STEP 4

On the **Authorization Request** tab, from the **Service Provider Type** drop-down list, select the service provider(s) type you wish to use. Any previous authorizations for that provider type appear. Click the previous authorization to add the additional amount requested, and then click **Add**. Note that the provider request appears in the grid below. Continue to add service providers, and then click the **Documents** tab when complete.

Basic Info | **Authorization Request** | Documents | Confirmation

### Request For Service Providers

Service Provider Type: Accountant

**Previous Authorizations for this Provider Type:**

ID Number: 1255468  
 Order Date: 09/02/2021  
 Authorized Amount: \$1,500.00  
 Grand Total Amount: \$1,500.00

Service Type: Accountant  
 Estimated Amount: \$1,500.00  
 Notes:

Previously Authorized Amount: \$1,500.00  
 Additional Amount Requested: 3000.00  
 Additional Amount Authorized:

Description:

Notes:

Court Notes:

Add Remove

**Required Fields**

To group by a particular Header, drag the column to this area.

Service Provider Type	Previously Authorized Amount	Additional Amount Requested	Description
Accountant	\$1,500.00	\$3,000.00	
Chemist/Toxicologist	\$500.00	\$600.00	

Note that if there is no prior auth, you need to enter an amount only in the **Additional Amount Requested** field.

Basic Info | **Authorization Request** | Documents | Confirmation

### Request For Service Providers

Service Provider Type: CALR (Westlaw/Lexis, etc.)

**Previous Authorizations for this Provider Type:**

No Previous Authorizations Found

Previously Authorized Amount: \$0.00  
 Additional Amount Requested: \$1,000.00  
 Additional Amount Authorized:

Description:

Court Notes:

Add Remove

**Required Fields**

To group by a particular Header, drag the column to this area.

Service Provider Type	Previously Authorized Amount	Additional Amount Requested	Description
Accountant	\$1,500.00	\$3,000.00	
Chemist/Toxicologist	\$600.00	\$1,000.00	

**STEP 5**

To upload any relevant documents, on the **Documents** tab, click **Browse** next to the **File** field, select a document to be uploaded, and then click **Upload**. Note that all documents must be submitted in PDF format and must be 10 MB or less. Then click the **Confirmation** tab.

Basic Info Authorization Request Documents Confirmation

### Supporting Documents

File Upload (Only Pdf files of 10MB size or less!)

File

Description

Description	Delete	View
No Attachments		

# eVoucher 6.5 Budget Authorizations – Attorneys

On the **Confirmation** tab, review and confirm that all information is correct. In the **Public/Attorney Notes** field, you can enter any information relevant to the court. Select the check box to swear and affirm the accuracy of the voucher, which is then automatically time-stamped. Click **Submit** to send to the court.

**BUDGETAUTH**  
Request Entry

Def.: Person201853

Link to CM/ECF

Voucher #:  
Request  
Date:  
Decision  
Date:

**Tasks**

[Link To Appointment](#)

[Link To Representation](#)

[Basic Info](#) | 
 [Authorization Request](#) | 
 [Documents](#) | 
 [Confirmation](#)

### Confirmation

1. CIR. DIST/ DIV. CODE 0312	1. PERSON REPRESENTED Person201853	5. APPEALS. DKT/DEF. NUMBER	VOUCHER NUMBER
3. MAG. DKT/DEF. NUMBER 2:18-MJ-07088-1	4. DIST. DKT/DEF. NUMBER	6. OTHER. DKT/DEF. NUMBER	
7. IN CASE MATTER OF (Case Name) United States vs. Person201853	8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE Criminal Case
11. OFFENSE(S) CHARGED 18:1344A.F BANK FRAUD			
11. ATTORNEY'S NAME AND MAILING ADDRESS Andrew Anders 51 Attorney St Hackensack NJ 07601 Phone: 111-111-1111 Email: <a href="mailto:deardmail@aolx.uscourts.gov">deardmail@aolx.uscourts.gov</a>		13. COURT ORDER <input type="checkbox"/> A Associate <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> D Federal Defender <input type="checkbox"/> F Subs for Federal Defender <input type="checkbox"/> L Learned Counsel (Capital Only) <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> R Subs for Retained Attorney <input type="checkbox"/> S Pro Se <input type="checkbox"/> T Retained Attorney <input type="checkbox"/> U Subs for Pro Se <input type="checkbox"/> X Administrative <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name Appointment Dates Signature of Presiding Judge or By Order of the Court Test NJX-j44 Date of Order: 7/27/2018    Nunc Pro Tunc Date Repayment <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14. LAW FIRM NAME AND MAILING ADDRESS			

<b>Attorney Funding Information</b>	
Requested Additional Attorney Fees	\$5,000.00
Representation Limit Upon Submission	\$12,100.00
Authorized Additional Attorney Fees	
Grand Total Authorized Attorney Fees	\$12,100.00

NOTES:

Requests For Service Providers				
Service Provider Type	Previously Authorized Amount	Additional Amount Requested	Additional Amount Authorized	Description
Accountant	\$1,500.00	\$3,000.00		
Chemist/ Toxicologist	\$500.00	\$600.00		
<b>Totals</b>	<b>\$2,000.00</b>	<b>\$3,600.00</b>		

Order Date	Nunc Pro Tunc Date	Budget Phase Stage
Signature of Attorney	Date Signed	Requested Amount \$8,600.00
Signature of Presiding Judge	Date Signed	Judge Code Approved Amount
Signature of Chief Judge, Court of Appeals(or Delegate)	Date Signed	Judge Code Approved Amount

Attention: The notes you enter will be available to the next approval level.

Public/Attorney Notes

I swear and affirm the truth or correctness of the above statements  
Date: 9/2/2021 11:56:50

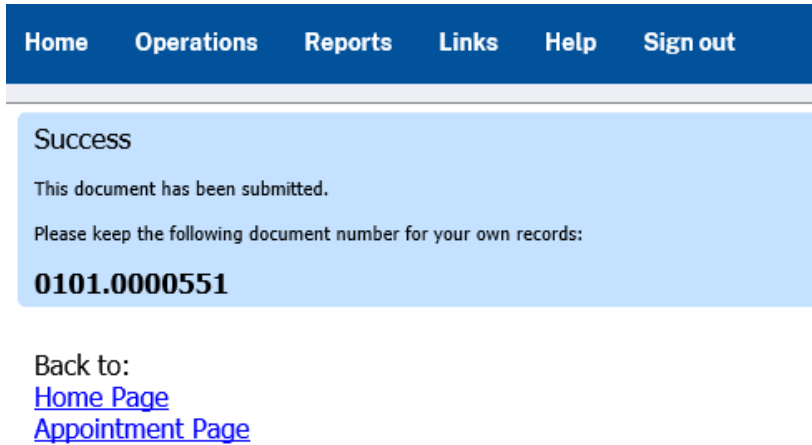
<< First | 
 < Previous | 
 Next > | 
 Last >>

Save

Delete Draft

**STEP 7**

A confirmation screen appears, indicating that the previous action was successful and the authorization has been submitted. Click the **Home Page** hyperlink to return to the home page, or click the **Appointment Page** hyperlink to create an additional document for this appointment.



Home Operations Reports Links Help Sign out

Success

This document has been submitted.

Please keep the following document number for your own records:

**0101.0000551**

Back to:  
[Home Page](#)  
[Appointment Page](#)

**Note:** Once the budget authorization is complete, your court may choose to automatically create your service provider authorizations. You can then create the CJA 21.