

## REQUEST FOR EXCESS COMPENSATION

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

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### **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  
Plea date, if any: \_\_\_\_\_  
Sentencing date, if any: \_\_\_\_\_

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

Are you requesting interim vouchers for future payments:  YES  NO

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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. Summary of procedural history to date including plea, trial outcome, and sentence, if applicable:
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:

