

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF GEORGIA**

NON-CAPITAL BUDGET APPLICATION

Defendant: _____
Case Name: _____
Case Number: _____
Defendant Number: _____ Number of Co-Defendants: _____

Counsel: _____ Hourly Rate: \$ _____
Appointment Date: _____
Associate, if
approved: _____ Hourly Rate: \$ _____
Appointment Date: _____

Budget #: _____ Supplement #: _____
Estimated Time Period Covered by this Application: From _____ to _____

The answers to the following questions are for case management and budgeting purposes only and will not be binding in any respect on substantive issues to be raised in the course of litigation.

1. Summary of the government’s allegations against your client:

2. Expected duration of the case, from counsel appointment to case termination (Explain):

3. Trial date, if set:
Is this a realistic date?

If not, in what time frame is trial likely to occur (i.e., Spring 2021)?

9. Describe any complex mental or physical health issues with your client or novel legal issues likely to arise in this case:

10. Describe any efforts to use economy of scale, efficiency, shared tasks, shared service providers (such as a discovery coordinator, objective case paralegal or investigator, etc.):

11. Please provide any additional information you believe would assist the court in determining the reasonableness of your funding request:

12. Are you requesting authorization to utilize associate(s)? YES NO

If you answered YES: Associates must be approved by a judge. Please file a motion in CM/ECF (include name and hourly rate (\$75-100)) and email the signed order to the CJA Clerk in order to add the associate to your appointment.

13. Please complete the following table for the attorney hours you are requesting (**including associates and all hours already expended since the starting date of this budget period**):

REQUESTED ATTORNEY HOURS

Tasks	Requested Hours		Justification
	Lead Counsel	Associate	
Pre-trial In-Court Matters			<i>[Estimate time for arraignment; bail, detention, motion, sentencing, and revocation hearings; and status conferences]</i>
Prepare for and Communicate with Client			<i>[Estimate total time for each in-person meeting, including time for prep, waiting, meeting, and post-meeting memo prep as well as for calls/letters on weekly or monthly basis; identify frequency of in-person meetings for this budget period; describe any communication challenges with client]</i>
Prepare for and Conduct Witness Interviews			<i>[Estimate total time for each witness interview, including time for prep, waiting, interview, and post-interview memo prep; describe any communication challenges with witnesses]</i>
Consult with Associate, Co-defendant Counsel, AUSA, Service Providers			
Obtain and Review Records, including Discovery			
Legal Research and Writing			<i>[Estimate number of documents you expect to prepare]</i>
Trial Prep (only if budget period includes trial)			<i>[Estimate prep time in the weeks immediately preceding trial (include doc review, client meetings, witness prep, etc. here rather than in the separate categories above); identify number of likely prosecution and defense witnesses]</i>
Trial & Possible Sentencing			<i>[Estimate time you will spend in and out of court while in trial]</i>
Travel			<i>[Estimate travel time to see client or potential witnesses and travel to and from court. To request authorization for overnight travel, please see travel table below]</i>
Other (including budget prep)			<i>[Describe specific tasks and estimated time for each]</i>
Total Hours Requested			
Costs Per Atty for All Tasks	Counsel: \$		Associate: \$

14. In the following table, please identify each previously authorized service provider or expert, the hours requested for that provider (**in the Justification column indicate how many of the requested hours were previously authorized**), and any additional service provider or expert you are requesting for this phase (attaching a copy of a CV or resume to this form):

REQUESTED SERVICE PROVIDERS
(E.g., Paralegal, Investigator(s), Experts)

	Name and Specialty	Requested		Cost	Scope of Work
		Hours	Rate		
1			\$	\$	
2			\$	\$	
3			\$	\$	
4			\$	\$	
5			\$	\$	
6			\$	\$	
7			\$	\$	
8			\$	\$	
Total Amount Requested For Service Providers:					\$

15. Please complete the following table for any non-travel expense in excess of \$500 that counsel or a service provider anticipates incurring:

REQUESTED NON-TRAVEL EXPENSES

Expense Type	Amount	Justification
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Amount Requested for Expenses:		\$

16. Do you anticipate any travel by counsel or a service provider that occurs outside of the District or that requires overnight lodging? YES NO

If you answered YES: Out of district travel must be preapproved. Please file a motion in CM/ECF OR submit a TravelAUTH in eVoucher.

REQUESTED TRAVEL TRIPS

Traveler	Destination	No. of Nights	No. of Trips	Purpose of Travel

TOTAL Estimated Budget Amount:	\$
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IF ANY PORTION OF YOUR REQUEST IS BEING MADE *NUNC PRO TUNC*, YOU MUST COMPLETE THIS SECTION BEFORE SUBMITTING YOUR FUNDING REQUEST

NUNC PRO TUNC AUTHORIZATION

NOTE: *Counsel is responsible for the oversight of expert services and funding status. Nunc pro tunc requests may be denied absent extraordinary circumstances. Justification provided must be sufficiently persuasive and detailed to overcome failure to obtain timely authorization.*

Nunc Pro Tunc Date: _____

Justification for *nunc pro tunc* request:

INSTRUCTIONS:

1. Save completed budget application as a PDF and upload to the BudgetAUTH in eVoucher.
2. Questions? Contact Michaela Harris at 404-215-1301. (Backup: Melissa Gahrng 404-215-1676.)