## **Time and Expenses in Common Form**

Attorneys and service providers are to complete this form when billing for time spent and/or expenses incurred in common with more than one CJA representation, or both a CJA and non-CJA purpose.

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|---|--|----|--|--|
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|   |  |    |  |  |

As a **panel attorney** I am prorating the **time** spent in common between each representation.

OR

As a <u>service provider</u> I have the option of prorating or billing the <u>time</u> to one case. I am: prorating the time between CJA cases, OR claiming the time on one case.

The cases involved are:

| Court | Case<br>Number | Person<br>Represented | Date of<br>Service | Describe Services | Prorated Amount (hours or dollars), if any |
|-------|----------------|-----------------------|--------------------|-------------------|--|
|       |                |                       |                    |                   |  |
|       |                |                       |                    |                   |  |
|       |                |                       |                    |                   |  |
|       |                |                       |                    |                   |  |

Complete only if you are claiming expenses in common with other representations. (Prorating expenses among CJA clients is not permitted; the expense must be claimed under one CJA client. Prorating is only permitted when the expense in common involves a case other than a CJA representation.)

I am (or will be) claiming \$\_\_\_\_\_\_\_ for expenses in common and am (or will be) submitting such charges on my voucher for work performed representing the following CJA client: \_\_\_\_\_\_

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|------------------------------|---|---|
| charges on my vouche         | er for work performed representing the following    | g CJA client:                               |
| before the                   | (identify court).                                   |   |
|                              |   |   |
| Complete if you are claiming | ng time and/or expenses in common with a case other | r than a CJA representation.                |
| Explain the r                | ationale for the amount you are billing under the   | е СЈА.                                      |
|                              |   |   |
|                              |   |   |
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|                              |   |   |
|                              |   |   |
|                              |   |   |
|                              |   |   |
|                              |   |   |
|                              |   |   |
| Claimant's Name:             |   | Date:                                       |
|                              |   |   |