| CJA 20 APPOINTMENT OF AND | AUTHORITY TO PAY | COURT-APPOINTED | COUNSEL (Rev. 07/17) |
|---------------------------|------------------|-----------------|----------------------|
| | | | |

| 1. CIR./DIST./ DIV. CODE 2. PERSON REPRESENTED | | | | | | VOUCHER NUMBER | | | | | | |
|--|--|--|---|------|---|--|---|--|----------------------------|--|--|--|
| 3. N | IAG. DKT./DEF. NUMBER | 4. DIST. DKT./DE | 4. DIST. DKT./DEF. NUMBER 5. A | | | F. NUMBER | 6. OTHER DKT. NUMBER | | | | | |
| 7. II | N CASE/MATTER OF (Case Na | me) 8. PAYMENT CA Eleony Misdemeanor Appeal | TEGORY Petty Offense Other | | PE PERSON REP Adult Defendant uvenile Defendan Other | RESENTED Appellant t Appellee | 10. REPRESENTATION TYPE (See Instructions) | | | | | |
| 11. (| 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. | | | | | | | | | | | |
| | AND MAILING ADDRESS | | | | COURT ORDER O Appointing Counsel F Subs For Federal Defender P Subs For Panel Attorney r Attorney's Appointment Dates: | | | | etained Attorney ounsel | | | |
| | Talanhana Numbara | | | | Because the above-named person represented has testified under oath or has otherwise sfied this Court that he or she (1) is financially unable to employ counsel and (2) does | | | | | | | |
| | | | | | | | he interests of justice so require, the attorney whose epresent this person in this case, OR | | | | | |
| | | | | | Signature of Presiding Judge or By Order of the Court | | | | | | | |
| | | | Date of Order Nunc Pro Tunc Date yment or partial repayment ordered from the person represented for this service at tir intment. I YES I NO | | | | | | | | | |
| | CLAIM] | FOR SERVICES AND | EXPENSES | | FOR COURT USE ONLY | | | | | | | |
| | CATEGORIES (Attach itemization of services with dates) | | HOURS CLAIMED | | TOTAL AMOUNT CLAIMED | MATH/TECH. ADJUSTED HOURS | | | ADDITIONAL REVIEW | | | |
| 15. | a. Arraignment and/or Plea | | | | | | | | | | | |
| | b. Bail and Detention Hearingc. Motion Hearings | S | | _ | | | | | | | | |
| | d. Trial | | | | | | | | | | | |
| In Court | e. Sentencing Hearings | | | | | | | | | | | |
| Č L | f. Revocation Hearings | | | | | | | | | | | |
| | g. Appeals Court | | | | | | | | | | | |
| | h. Other (Specify on additiona | , | | - | | | | | | | | |
| 16 | (RATE PER HOUR = \$ |) TOTALS | S: | _ | | | | | | | | |
| 16. | a. Interviews and Conferencesb. Obtaining and reviewing reviewing reviewing | | | | | | | | | | | |
| ourt | c. Legal research and brief write | | | | | | | | | | | |
| of C | c. Legal research and brief writing d. Travel time | | | | | | | | | | | |
| Out | e. Investigative and other world | k (Specify on additional sheets) | | | | | | | | | | |
| _ | (RATE PER HOUR = \$ |) TOTALS | š: | | | | | | | | | |
| 17. | Travel Expenses (lodging, part | | | | | | | | | | | |
| 18. | Other Expenses (other than exp | | (D). | | | | | | | | | |
| GRAND TOTALS (CLAIMED AND ADJUSTED): 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE | | | | | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION | | | | | | | |
| | FROM: | TO: | anim Darmant Number | | | C Supplement | tal Darimant | | | | | |
| 22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney Date | | | | | | | | | | | | |
| | | APPROV | ED FOR PAYME | | COURT US | EONLY | | | | | | |
| 23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES | | | | | 26. OTHER EXPENSES | | 27. TOTAL AMT. APPR./CERT. | | | | | |
| 28. SIGNATURE OF THE PRESIDING JUDGE | | | | DATE | | 28a. JUDGE CODE | | | | | | |
| | 29. IN COURT COMP.30. OUT OF COURT COMP.31. TRAVEL EXPENSES | | | | 32. OTHER EXPENSES | | 33. TOTAL AMT. APPROVED | | | | | |
| | SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. | | | | | DATE | | | 34a. JUDGE CODE | | | |