	NGS: EX PARTE REQUEST FOR AUTHO PERSON REPRESENTED	KIZATION AND	VOUCHER FOR EZ	VOUCHER NUMBER	
MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. A	PPEALS DKT./DEF. 1	NUMBER 6	6. OTHER DKT. NUMBER
IN CASE/MATTER OF (Case Name)		RESENTED Appellee Other (Specify)	□ D1 □ D2	PRESENTATION TYPE 28 U.S.C. § 2254 Habeas Federal Capital Prosecution 28 U.S.C. § 2255 (Capital	ion D4 Other (Specify)
OFFENSE(S) CHARGED (Cite U.S. Co	ode, Title & Section) If more than one offense, la	ist (up to five) major			-
	REQUEST AND AUTHO	DIZATION	EOD EVDED	E CEDVICEC	
Authorization to obtain the service Approval of services already obtai Signature of Attorney	represented, who is named above, I hereby affirm Estimated Compensation and Expenses: \$ ned to be paid for by the United States pursuant to the United States pur	n that the services reto the Criminal Just	equested are necessary ice Act. (See Instruction Legal Organiz	for adequate representation OR ons Date	on. I hereby request:
	ne, man, auto name, memang any suggay, me		300		
		Te	lephone Number:	F SERVICE PROVIDE	
DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) COURT ORDER Financial eligibility of the person represented having been establishe satisfaction, the authorization requested in Item 11 is hereby granted Signature of Presiding Judge or By Order of the Court			01	stigator preter/Translator hologist hiatrist graph uments Examiner erprint Analyst untant R (Westlaw/Lexis, etc.) nist/Toxicologist stics	17
Date of Order Repayment or partial repayment ordered	Nunc Pro Tunc Date I from the person represented for this service at t	ime of authorization	14 🗖 Patho	oons/Firearms/Explosive blogist/Medical Examiner r Medical	
a.	Appeal g.	pearance earing	Petition for the U.S. Supreme Court Writ of Certiorari	I. Stay of Execum. Appeal of Don. Petition for V Certiorari to Supreme Cou	enial of Stay Writ of p. Clemency the U.S. urt Regarding
	SERVICES AND EXPENSES	1			FOR COURT USE ONLY
SERVICES AN (Attach itemization of s	ND EXPENSES services with dates)	AMO	UNT CLAIMED	MATH/TECHNIC ADJUSTED AMO	
a. Compensation					
b. Travel Expenses (lodging, parkingc. Other Expenses	g, meais, mileage, etc.)				
GRAND TOTALS (CLA)	IMED AND ADJUSTED): st Name, including any suffix), AND MAILING	ADDRESS			
.ATEE STANIE (First Name, M.I., Eas	r trame, metadang any sayus), AND MAILING	ADDRESS	TIN:		
		Telephone Number:			
CLAIMANT'S CERTIFICATION FOR	-			то	
	Final Payment Interim Payment N				plemental Payment
Signature of Claimant/Payee	iot sought of receive	or received payment (compensation or anything of value) from any other source for these services. Date		formany other source for these services.	
CERTIFICATION OF ATTORNEY Signature of Attorney	I hereby certify that the services were render	red for this case.		Date	
	APPROVED FOR	R PAYMENT —	COURT USE ONLY	<u> </u>	
TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EX	KPENSES	22. TOTAL AM	OUNT APPROVED/CERTIFIED
	nenses) of all services combined does not exceed finds that timely procurement of these necessary	-			excluding expenses) exceeds \$800.
Signa TOTAL COMPENSATION	ture of Presiding Judge 25. TRAVEL EXPENSES	26. OTHER EX	Date PENSES	Judge Code 27. TOTAL AMOUNT APPROVED	
A. Total compensation and expense representation is \$	ENCED AND APPELLATE PROCEEDING payments approved to date (include amounts with an and expenses) in excess of the statutory thresh	ithheld for interim p	ayments) for investiga	tive, expert and other serv	vices for this
a:	Judge, Court of Appeals (or Delegate)		Date		Judge Code