

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

AP11-05 1:08CV 1676

	ı, cı C	i. cir./dist./div. code							YOUCHER NUMBER					
		3. MAG. DKT/DEF. NUMBER 4. DIST. DKT/DEF. NUMBER 1:08-001676-001						DKT/DEF. NUMBER 6. 0°		6. OTHER	DKT. N	1		
	7. IN	CASE/MATTER OF (C	8. PAYMENT CATEGORY			9. TYPE PERSON REPRE		SENTED 10. RE		REPRESENTATION TYPE		7		
	Jonnie Alcala v. Warden Other						Appellant			Oth			_	
	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.												
	12. ATTORNEY'S NAME (First Name, M.I., Last Name, Including any suffix) AND MAILING ADDRESS HUSS, GARY L. 5490 E. Liberty Avenue Fresno CA 93727 Telephone Number: (559) 441-7073 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) LAW OFFICE OF CARY HUSS						13. COURT ORDER O Appointing Counsel							
							Because the above-named person represented that lestified under oath or has otherwise satisfied this court that he or she (1) is figarheially unable to employ counsel and (2) does not wish to waive organgel, and because the interests of justice so require, the attempt has name appears in them 12 is noticed to recognite in recognite the recognition in recognite the recognition of the recogni							
	54	LAW OFFICE OF GARY HUSS 5490 E. Liberty Avenue					Signature of Presiding Judicial Officer or By Order of the Court 2							
	Fresno CA 93727					Ostro Orger One of the Court One of the Court One of Orger One of Orger								
	time of appointment. YES NO FOR COURTUSE ONLY SEE THE SEE											NLY 200 NO.	2	
	**************************************							OTAL MOUNT			_		7	
		CATEGORIES (Attach itemization of services with dates)				HOURS CLAIMED	A CI	MOUNT LAIMED	MATH/TECH ADJUSTED HOURS	MATH/TI ADJUST AMOUN	ED (T	ADDITIONAL REVIEW	4	
	15.												-	
		b. Bail and Detention Hearings c. Motion Hearings			•								┪	
	1	d. Trial						4-44					┪	
	n C	e. Sentencing Hearings											1	
	0	f Revocation Hearings											7	
	ŗ													
	•	h. Other (Specify o	n additional she	ets)			2							
(HC) Ald	(Rate per hour = \$ 125.) TOTALS:						K west t	1 and a transfer and the			MORNES G		Doc. 25	
(- /	O	0											-	
	l	c Legal research and brief writing					1	1276		2 44				
	ŗ	d. Travel time												
	0	C			nal sheets)			11000		250			\dashv	
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	17.	Travel Expenses		g, meals, mileage, e	-	X 12 King San	-		Reference Service				┥	
	18.	Other Expenses	(other than expert, transcripts, etc.)								\neg		7	
	GRAND TOTALS (CLAIMED AND ADJUSTED):												7	
	19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM						20.	APPOINTMEN IF OTHER THA	IT TERMINATION AN CASE COMPL	DATE 2	II. CAS	SE DISPOSITION	1	
	22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yet, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yet, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: Date:													
		CONTROL OF THE PROPERTY OF THE PAYM						USE ONLY	TO THE REAL PROPERTY.					
	23.	23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAYER						26. OTHER EXPENSES		27.	27. TOTAL AMT. APPR / CERT			
	28.	28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER							DATE		JUDGE			
	29.	29. IN COURT COMP. 30. OUT OF COURT COMP. 31, TRAVEL						32. OTHI	33.	TOTAL A				
	34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Papproved in excess of the statutory threshold amount.							ment DATE		34a	34a. JUDGE CODE			