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|--|--|---|---|----------------|---|
| 1. CIR./DIST./DIV. CODE CAE | | 2. PERSON REPRESENTED Napier, Dennis | | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER 1:09-00023-001 | | 4. DIST. DKT./DEF. NUMBER 1:10-00040-001 | 5. APPEALS DKT./DEF. NUMBER | | 6. OTHER DKT. NUMBER |
| 7. IN CASE/MATTER OF (Case Name) U.S. v. Napier | | 8. PAYMENT CATEGORY Other | 9. TYPE PERSON REPRESENTED Appellant | | 10. REPRESENTATION TYPE Appeal from Magistrate |
| 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. | | | | | |

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY: [Signature]
DEPUTY CLERK

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS
 HOMOLA, JAMES R.
 2950 Mariposa Street
 Suite 250
 Fresno CA 93721
 Telephone Number: (559) 441-7111

13. COURT ORDER
 O Appointing Counsel
 F Subs For Federal Defender
 P Subs For Panel Attorney
 C Co-Counsel
 R Subs For Retained Attorney
 Y Standby Counsel
 Prior Attorney's Name: HUSS, GARY L.
 Appointment Date: 03/01/2010
 Because the above-named person represented has testified under oath or has otherwise satisfied the court that he or she (1) is financially unable to employ counsel and (2) does not wish to employ counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or
 Other (See instructions)
 Signature of Presiding Judicial Officer or By Order of the Court: [Signature]
 Date of Order: 06/03/2010
 Reimbursement or partial reimbursement ordered from the person represented for this service at time of appointment. YES NO

14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)
 LAW OFFICE OF JAMES R. HOMOLA
 2950 Mariposa Street
 Suite 250
 Fresno CA 93721

| CLAIM FOR SERVICES AND EXPENSES | | OF COURT ORDER | | | | |
|---|--|--|--------------------------|---------------------------|-------------------|--|
| CATEGORIES (Attach itemization of services with dates) | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | MATH/TECH ADJUSTED HOURS | MATH/TECH ADJUSTED AMOUNT | ADDITIONAL REVIEW | |
| 15. a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) | | | | | | |
| | (Rate per hour = \$125.) TOTALS: | | | | | |
| | 16. a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets) | | | | | |
| | | (Rate per hour = \$125.) TOTALS: | | | | |
| | | 17. Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | |
| | | 18. Other Expenses (other than expert, transcripts, etc.) | | | | |
| | | TOTALS: | | | | |

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____

20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

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 or 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: _____

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|--|------------------------|---------------------|--------------------|--------------------------------------|
| 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 JUDICIAL OFFICER | | | DATE | 28a. JUDGE / MAG. JUDGE CODE 7214 |
| 29. IN COURT COMP. | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES | 32. OTHER EXPENSES | 33. TOTAL AMT. APPROVED |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. | | | DATE | 34a. JUDGE CODE |