

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

P15-0237

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|--|--|-----------------------------|--|--|--|
| 1. CIR./DIST./DIV. CODE CAE | 2. PERSON REPRESENTED CONDON, JULIE | VOUCHER NUMBER | | | |
| 3. MAG. DKT./DEF. NUMBER | 4. DIST. DKT./DEF. NUMBER 1:14-000679-001 | 5. APPEALS DKT./DEF. NUMBER | 6. OTHER DKT. NUMBER | | |
| 7. IN CASE/MATTER OF (Case Name) JULIE CONDON v. HUGHES, WARDEN | 8. PAYMENT CATEGORY Other | 9. TYPE PERSON REPRESENTED | 10. REPRESENTATION TYPE (See Instructions) Habeas Corpus | | |

FILED
JUL 28 2015
CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
DEPUTY CLERK

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
PHILLIPS, CAROLYN D.
P.O. Box 5622
Fresno CA 93755
Telephone Number: (559) 248-9833

13. COURT ORDER
 O Appointing Counsel
 F Subs For Federal Defender
 P Subs For Panel Attorney
 Prior Attorney's Name: _____
 Appointment Date: _____
 Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive 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)

14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)

Signature of Presiding Judicial Officer or By Order of the Court: _____
 Date of Order: 07/22/2015
 Nunc Pro Tunc Date: _____
 Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES 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 | MATH/TECH ADJUSTED AMOUNT | ADDITIONAL REVIEW | |
|---|--|--|--------------------------|---------------------------|-------------------|--|
| 15. In Court 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 = \$ 127.00) | TOTALS: | | | | |
| | 16. Out of Court 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 = \$ 127.00) | TOTALS: | | | |
| | | 17. Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | |
| | | 18. Other Expenses (other than expert, transcripts, etc.) | | | | |
| | | GRAND TOTALS (CLAIMED AND ADJUSTED) | | | | |

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: _____

APPROVED FOR PAYMENT - COURT USE ONLY

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