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| 1. CIR./DIST./DIV. CODE CAE | | 2. PERSON REPRESENTED ESTRADA, JAIME | | 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) JAIME ESTRADA v. MARTIN BITER, WARDEN | | 8. PAYMENT CATEGORY Other | | |
| 9. TYPE PERSON REPRESENTED | | 10. REPRESENTATION TYPE (See Instructions) Habeas Corpus | | <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="text-align: right; margin-top: 10px;"> JUN 26 2015 EASTERN DISTRICT COURT OF CALIFORNIA DEPUTY CLERK </div> | | |
| 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 <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ BY _____ Appointment Date: _____ <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order: <u>26-11</u> <u>06/24/2015</u> Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) | | | | | | |
| CLAIM FOR SERVICES AND EXPENSES | | | | | | |
| CATEGORIES (Attach itemization of services with dates) | | | HOURS CLAIMED | TOTAL AMOUNT CLAIMED | FOR COURT USE ONLY | |
| | | | | | MATH/TECH ADJUSTED HOURS | |
| | | | | | MATH/TECH ADJUSTED AMOUNT | |
| | | | | | ADDITIONAL REVIEW | |
| In Court | 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 = \$ 127.00) TOTALS: | | | | | | |
| Out of Court | 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 = \$ 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 <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 | | | | | | |