

FILED
APR 17 2017

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./DIV. CODE CAE/09	2. PERSON REPRESENTED Page, Sammy	VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:16-CV-00522-1 AWI-JLT	5. APPEALS DKT./DEF. NUMBER 1:17-AP-16364-1 AWI	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) Sammy Page v. Audrey King	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other	10. REPRESENTATION TYPE CLERK, U.S. DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA Habeas Appeal DEPUTY CLERK		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Andrea Renee St. Julian - Bar Number: 134919 12707 High Bluff Drive Suite 200 San Diego CA 92130 Telephone Number: 858-792-6366			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs 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: _____ Appointment Dates: _____ <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 Judge or By Order of the Court <i>A. St. Julian</i> Date of Order: 7-19-17 Nunc Pro Tunc Date: 07/11/2017 Repayment or partial repayment ordered from the person represented for this service at time 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			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 = \$ 132.00) 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 = \$ 132.00) 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
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22. CLAIM STATUS Final Payment Interim Payment Number _____ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this representation? 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 of 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. \$0.00	
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED \$0.00	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE	34a. JUDGE CODE	