

FILED

JAN 05 2018

CJA 74 DEATH PENALTY PROCEEDINGS - APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 02/12)

1. CIR./DIST./DIV. CODE CAE	2. PERSON REPRESENTED Harris, Willie Leo	VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:16-CV-01572-1 DAD	5. APPEALS DKT./DEF. NUMBER

CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

7. IN CASE/MATTER OF (Case Name) Harris v. Warden	8. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input checked="" type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Appellant	9. REPRESENTATION TYPE <input checked="" type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D6 Military Death <input type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D7 State Clemency <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <input type="checkbox"/> D8 Federal Clemency
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10. 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.*

11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS  Sarah M. Javaheri 5830 Via Marcia La Verne CA 91750  Telephone Number: _____	12. COURT ORDER: <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel ASSOCIATE <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____ (A) 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 11, who has been determined to possess the specific qualifications by law, is appointed to represent the person in this case. (B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL ASSOCIATE Name of Co-Counsel or Lead Counsel: Sarah M Javaheri Appointment Date: 09/01/2017 (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead in counsel or co-counsel). <input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time, for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order.  <i>Dale A. Dwyer</i> Signature of Presiding Judge or By Order of the Court 1/5/18 Date of Order September 1, 2017 Nunc Pro Tunc Date (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO
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CLAIM FOR SERVICES AND EXPENSES

14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.

CAPITAL PROSECUTION		HABEAS CORPUS		OTHER PROCEEDING	
a <input type="checkbox"/> Pre-Trial	c <input type="checkbox"/> Appeal	g <input checked="" type="checkbox"/> Habeas Petition	k <input type="checkbox"/> Petition for the U.S. Supreme Court	l <input type="checkbox"/> Stay of Execution	o <input type="checkbox"/> Other (Specify)
b <input type="checkbox"/> Trial	f <input type="checkbox"/> Petition for the U.S. Supreme Court	gg <input type="checkbox"/> State Court Appearance	ll <input type="checkbox"/> Writ of Certiorari	m <input type="checkbox"/> Appeal of Denial of Stay	p <input type="checkbox"/> Clemency
c <input type="checkbox"/> Sentencing	h <input type="checkbox"/> Writ of Certiorari	hh <input type="checkbox"/> Evidentiary Hearing	mm <input type="checkbox"/> Dispositive Motions	n <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay	
d <input type="checkbox"/> Other Post Trial		i <input type="checkbox"/> Appeal			

HOURS AND COMPENSATION CLAIMED FOR COURT USE ONLY

15. CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
a In-Court Hearings (RATE PER HOUR = \$ 100.00 )		0.00			IN COURT TOTAL
b Interviews and Conferences with Client					TOTAL Category a
c Witness Interviews				0.00	
d Consultation with Investigators & Experts					
e Obtaining & Reviewing the Court Record					
f Obtaining & Reviewing Documents and Evidence					OUT OF COURT TOTAL
g Consulting with Expert Counsel					TOTAL Categories b-j
h Legal Research and Writing					
i Travel				0.00	
j Other (Specify on additional sheets)					
TOTALS: Categories b thru j (RATE PER HOUR = 100.00 )	0.00	0.00	0.00		

CLAIM FOR TRAVEL AND EXPENSES (Attach itemization of expenses with dates)

16. Travel Expenses (lodging, parking, meals, mileage, etc.)				
17. Other Expenses (other than expert, transcripts, etc.)				
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>		0.00		0.00

18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____	19. APPOINTMENT TERMINATION DATE: IF OTHER THAN CASE COMPLETION	20. CASE DISPOSITION
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21. 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 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

22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED \$0.00
27. SIGNATURE OF THE PRESIDING JUDGE			DATE	27a. JUDGE CODE