

**OFFICE OF THE FEDERAL DEFENDER
EASTERN DISTRICT OF CALIFORNIA
801 I STREET, 3rd FLOOR
SACRAMENTO, CALIFORNIA 95814
(916) 498-5700 Fax: (916) 498-5710**

*Daniel J. Broderick
Federal Defender*

*Linda Harter
Chief Assistant Defender*

September 20, 2010

Jennifer Mikaere Sheetz
Attorney at Law
38 Miller Avenue, PMB 113
Mill Valley, CA 94941

Re: **Robert Laucella v. Sisto**
2:08-cv-0109 LKK CHS

FILED
SEP 22 2010
CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY *[Signature]* DEPUTY CLERK

Dear Ms. Sheetz:

This will confirm your appointment as counsel by the Honorable Lawrence K. Karlton, U.S. District Judge, to represent the above-named client. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

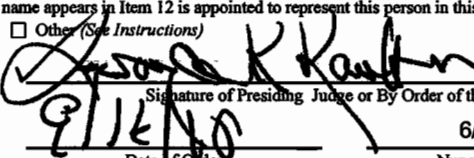
Sincerely,

[Signature]
Yvonne Jurado
CJA Panel Assistant

:yj
Enclosure

cc: Clerk's Office
Ninth Circuit Court of Appeals

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

1. CIR/DIST./DIV. CODE		2. PERSON REPRESENTED Robert Laucella		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:08-cv-0109 LKK CHS		5. APPEALS DKT./DEF. NUMBER 10-15349	
7. IN CASE/MATTER OF (Case Name) Laucella v. Sisto		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input checked="" type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions) H/C Appeal					
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 Jennifer Mikaere Sheetz 38 Miller Avenue, PMB 113 Mill Valley, CA 94941 Telephone Number : (415) 305-2256			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Dates: _____ <input 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 6/16/2010 Date of Order Nunc Pro Tunc Date 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	0.00		0.00	
	b. Bail and Detention Hearings	0.00		0.00	
	c. Motion Hearings	0.00		0.00	
	d. Trial	0.00		0.00	
	e. Sentencing Hearings	0.00		0.00	
	f. Revocation Hearings	0.00		0.00	
	g. Appeals Court	0.00		0.00	
	h. Other (Specify on additional sheets)	0.00		0.00	
(RATE PER HOUR = \$) TOTALS:		0.00	0.00	0.00	
16. Out of Court	a. Interviews and Conferences	0.00		0.00	
	b. Obtaining and reviewing records	0.00		0.00	
	c. Legal research and brief writing	0.00		0.00	
	d. Travel time	0.00		0.00	
	e. Investigative and other work (Specify on additional sheets)	0.00		0.00	
(RATE PER HOUR = \$) TOTALS:		0.00	0.00	0.00	
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):		0.00		0.00	
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 representation? <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. \$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) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	