

**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*

November 4, 2009

Margaret Littlefield  
Attorney at Law  
P.O. Box 337  
Bolinas, CA 94924

**FILED**

NOV -4 2009

CLERK U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY  DEPUTY CLERK

Re: **Dion Henry v. Sisto**  
**CIV.S-08-2070 MCE JFM**

Dear Ms. Littlefield:

This will confirm your appointment as counsel by the Honorable John F. Moulds, U.S. Magistrate Judge, to represent the above-named petitioner. 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,



Becky Darwazeh  
CJA - Legal Secretary

:bd  
Enclosures

cc: Clerk's Office

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE CAE		2. PERSON REPRESENTED Mejia-Vizcaino, Juan		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:09-000451-001	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Mejia-Vizcaino		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case
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. 1) 8 1326A.F -- REENTRY OF DEPORTED ALIENS					

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Jimenez, Clemente M. 428 J Street Suite 355 Sacramento CA 95814  Telephone Number: (916) 443-8055		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input checked="" 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: _____ Appointment Date: _____ <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 Judicial Officer or By Order of the Court Date of Order: 10/23/2009 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)			

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 = \$ 110 ) 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 = \$ 110 ) TOTALS:						
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					

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 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: \_\_\_\_\_

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CBRT
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

# FINANCIAL AFFIDAVIT

CJA 23  
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN THE CASE OF  MAGISTRATE  DISTRICT  APPEALS COURT or  OTHER PANEL (Specify below)

FOR  
UNITED STATES vs. Juan  
METIA - Vizcaino  
 EASTERN DISTRICT OF CA  
 AT  
 SACRAMENTO, CALIFORNIA

LOCATION NUMBER
CAESC
DOCKET NUMBERS
Magistrate
District Court
Court of Appeals

PERSON REPRESENTED (Show your full name)  
**Juan METIA - Vizcaino**

- 1  Defendant - Adult
- 2  Defendant - Juvenile
- 3  Appellant
- 4  Probation Violator
- 5  Parole Violator
- 6  Habeas Petitioner
- 7  2255 Petitioner
- 8  Material Witness
- 9  Other (Specify)

CHARGE/OFFENSE (describe if applicable & check box →)  Felony  Misdemeanor

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

<b>EMPLOYMENT</b>	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self Employed <u>last - Monday 10/12/09</u> Name and address of employer <u>Stevy Stacy Jackson - Construction</u> IF YES, how much do you earn per month? \$ <u>24/hr - 1 week part time</u> IF NO, give month and year of last employment How much did you earn per month? \$ <u>800/mo</u>						
	If married is your Spouse employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>temp job</u> IF YES, how much does your Spouse earn per month? \$ <u>240<sup>00</sup></u> If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____						
<b>ASSETS</b>	OTHER INCOME Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED <u>\$ None</u> SOURCES _____						
	CASH Have you any cash on hand or money in savings or checking account? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ <u>700<sup>00</sup></u>						
<b>PROPERTY</b>	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GIVE THE VALUE AND DESCRIBE IT <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">VALUE</th> <th style="width: 70%;">DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><u>200</u></td> <td><u>Toyota Tacoma '05</u></td> </tr> <tr> <td style="text-align: center;"><u>1,000</u></td> <td><u>Chev Monte Carlo '87</u></td> </tr> </tbody> </table>	VALUE	DESCRIPTION	<u>200</u>	<u>Toyota Tacoma '05</u>	<u>1,000</u>	<u>Chev Monte Carlo '87</u>
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<u>1,000</u>	<u>Chev Monte Carlo '87</u>						

<b>OBLIGATIONS &amp; DEBTS</b>	DEPENDENTS MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <u>3</u>	List persons you actually support and your relationship to them <u>Maria Lourdes CEJA - Rays 31/10</u> <u>Staudia - 9/10</u> <u>Juan - 24/10</u> <u>Martin - 3mo.</u>												
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">APARTMENT OR HOME: Creditors</th> <th style="width: 20%;">Total Debt</th> <th style="width: 20%;">Monthly Payt.</th> </tr> </thead> <tbody> <tr> <td><u>1015 S. Lee, Lodi - rent</u></td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ <u>1,200</u></td> </tr> <tr> <td><u>Utilities</u></td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ <u>400</u></td> </tr> <tr> <td><u>Food, clothing, essential trans</u></td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ <u>2,000</u></td> </tr> </tbody> </table>			APARTMENT OR HOME: Creditors	Total Debt	Monthly Payt.	<u>1015 S. Lee, Lodi - rent</u>	\$ _____	\$ <u>1,200</u>	<u>Utilities</u>	\$ _____	\$ <u>400</u>	<u>Food, clothing, essential trans</u>	\$ _____
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I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 10/16/2009

SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) X Juan M. Vizcaino

*Info rec'd by Oliver - interpreter*