## 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 C. Harter Chief Assistant Defender

February 14, 2011

FEB 15 2011

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

R. Shanti Brien Attorney at Law 4200 Park Blvd., #108 Oakland, CA 94602

Re:

Pablo Valle v. Evans CIV.S-09-01467 FCD

Ms. Brien:

This will confirm your appointment as counsel by the Honorable Frank C. Damrell, Jr., U.S. District Judge, to represent the above-named client. Of course, you have already relieved by the Circuit Court, but need this voucher for billing purposes.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services (HC) Valle v. Evans (HC) Valle v. Evans

Doc. 33

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,

Kurt C. Heiser

**CJA Panel Administrator** 

:kch Enclosures

cc:

Clerk's Office

©CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03) 2. PERSON REPRESENTED Pablo Evans VOUCHER NUMBER 1. CIR./DIST./ DIV. CODE 4. DIST. DKT./DEF. NUMBER CIV.S-09-1467 FCD 6 OTHER DKT NUMBER 3. MAG. DKT/DEF. NUMBER 5. APPEALS DKT./DEF. NUMBER 10 REPRESENTATION TYPE 7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY 9. TYPE PERSON REPRESENTED ☐ Felony ☐ Petty Offense Adult Defendant Appellant (See Instructions) ☐ Misdemeanor ☐ Other Valle v. Evans Appeal Appeal Other 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), 13. COURT ORDER AND MAILING ADDRESS ☑ O Appointing Counsel ☐ C Co-Counsel ☐ F Subs For Federal Defender R Subs For Retained Attorney R. Shanti Brien ☐ Y Standby Counsel ☐ P Subs For Panel Attorney Attorney at Law 4200 Park Blvd., #108 Prior Attorney's Name: Appointment Dates: Oakland, CA 94602 Because the above-named person represented has testified under oath or has otherwise (925) 984-8980 Telephone Number: satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counse d because the interests of justice so require, the attorney whose 14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) name appears in Item 12 is appointed to represent this person in this case, OR esiding Judge or By Order of the Court 10 9/21/2010 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time ☐ YES ☐ NO appointment. CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY MATH/TECH. MATH/TECH. TOTAL HOURS ADDITIONAL. CATEGORIES (Attach itemization of services with dates) ADJUSTED AMOUNT ADJUSTED CLAIMED REVIEW CLAIMED HOURS AMOUNT 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 e. Sentencing Hearings 0.00 f. Revocation Hearings 0.00 0.00 E g. Appeals Court 0.00 h. Other (Specify on additional sheets) 0.00 0.00 0.00 0.00 (RATE PER HOUR = \$ TOTALS: 0.00 (emele) a. Interviews and Conferences 0.00 0.00 b. Obtaining and reviewing records c. Legal research and brief writing 0.000.00 0.00 0.00 d. Travel time 0.00 0.00 e. Investigative and other work (Specify on additional sheets) 0.00 0.00 0.00 0.00 (RATE PER HOUR = \$ ) TOTALS: Travel Expenses (lodging, parking, meals, mileage, etc.) 17. Other Expenses (other than expert, transcripts, etc.) 0.00 GRAND TOTALS (CLAIMED AND ADJUSTED); 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 20. APPOINTMENT TERMINATION DATE 21. CASE DISPOSITION IF OTHER THAN CASE COMPLETION FROM: TO: 22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number ☐ Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this ☐ 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 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. 28a. JUDGE CODE 28. SIGNATURE OF THE PRESIDING JUDGE 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 34a. JUDGE CODE DATE in excess of the statutory threshold amount.