

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

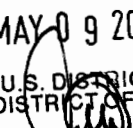
Joseph Schlesinger
Acting Federal Defender

Linda C. Harter
Chief Assistant Defender

April 30, 2013

Michael B. Bigelow
Attorney at Law
331 J Street, Suite 200
Sacramento, CA 95814

Re: Mendoza v. Cate
09-cv-01710-MCE-DAD

FILED
MAY 09 2013
CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY 
DEPUTY CLERK

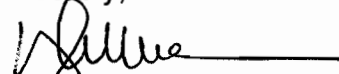
Dear Mr. Bigelow:

This will confirm your appointment as counsel by the Honorable Dale A. Drozd, U.S. Magistrate 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 a CJA 20 form, your Order of Appointment and Voucher for services rendered.

If I may be of any further assistance regarding the processing of the enclosed form, or any other matter pertaining to this case, please feel free to contact me.

Sincerely,


Yvonne Jurado
CJA Panel Assistant

:yj
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 MENDOZA, ARQUIMEDES	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 2:09-001710-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MAT TER OF (Case Name) MENDOZA v. CATE	8. PAYMENT CATEGORY Other	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Habeas Corpus

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.

<p>12. ATTORNEY'S NAME (First Name, M.L., Last Name, including any suffix) AND MAILING ADDRESS BIGELOW, MICHAEL B. Suite 200 331 'J' Street Sacramento CA 95814</p> <p>Telephone Number: <u>(916) 443-0217</u></p>	<p>13. COURT ORDER</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> O Appointing Counsel</td> <td><input type="checkbox"/> C Co-Counsel</td> </tr> <tr> <td><input type="checkbox"/> F Subs For Federal Defender</td> <td><input type="checkbox"/> R Subs For Retained Attorney</td> </tr> <tr> <td><input type="checkbox"/> P Subs For Panel Attorney</td> <td><input type="checkbox"/> Y Standby Counsel</td> </tr> </table> <p>Prior Attorney's Name: _____ Appointment Date: _____</p> <p><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</p> <p><input type="checkbox"/> Other (See Instructions) <i>Dale A. D...</i></p> <p>Signature of Presiding Judicial Officer or By Order of the Court: _____ Date of Order: <u>08/07/2012</u> Nunc Pro Tunc Date: _____</p> <p>Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<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
<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						

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
In Court	15. 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 = \$) TOTALS:					
Out of Court	16. 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 = \$) 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
---	---	-----------------------------

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: _____

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
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

P2012-1323