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

February 9, 2010

Edgar Page Attorney at Law P.O. Box 2837 San Francisco, CA 94126

Zeferino Ortiz Vasquez v. Martel

CIV.S-09-3141 GEB GGH

Dear Mr. Page:

This will confirm your appointment as counsel by the Honorable, Gregory G. Hollows, 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 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 (HC) to this case tell free to call upon us at any time.

Sincerely,

Kurt Heiser

CJA Administrator

9 2010

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

DEPLEY CLERK

Enclosures

:kch

cc: Clerk's Office

Doc. 19

		CJA 20 APPOI	NTMENT OF AND	AUTHORIT	ry to i	PAY COU	JRT A	PPOINTED	COUNSEL			
	ir./dist./biv. code CAE	EPRESENTED asquez, Zeferino				VOUCHER NUMBER						
3. MAG. DKT./DEF. NUMBER			4. DIST. DKT./DEF. NUMBER 2:09-003141-001			5. APPEALS DKT./DEF. NUMB			UMBER	6. OTHER DKT. NUMBER		
7. IN	CASEMATTER OF (C	8. PAYMENT CATEGORY Other			9. TYPE PERSON REPRESENTED				10. REPRESENTATION TYPE (See Instructions) Habeas Corpus			
11.	OFFENSE(S) CHARGED	nse, list (up to five) major offenses charged, according to severity of offense.										
12. ATTORNEY'S NAME (First Name, M.L., Lust Name, including any suffix) AND MAILING ADDRESS Page, Edgar E. Page & Page Attorneys at Law P.O. Box 2837 San Francisco CA 94126-2837 Telephone Number: (415) 986-4558 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)						13. COURT ORDER O Appointing Counsel F Subs For Federal Defender P Subs For Pederal Defender R Subs For Retained Attorney Prior Attorney's Name: Appointment Date: 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 justices or require, the attorney whose name appears in Item 12 is appointed to represent this nereon fa this case, or Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court 12/17/2009 Date of Order Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES NO						
	CATEGORIES (Attach itemization of services with dates)				HOURS CLAIMED		AM	OTAL IOUNT AIMED	MATH/TECH ADJUSTED HOURS	ADJ	H/TECH USTED IOUNT	ADDITIONAL REVIEW
15.	a. Arraignment and	or Plea										
	b. Bail and Detention Hearings											
	c. Motion Hearings											
I	d. Trial											
n C	e. Sentencing Hearings											
0	f. Revocation Hearings											
u r	g. Appeals Court											
t	h. Other (Specify on additional sheets)											
												_
	(Rate per hour = \$) TOTALS:						50000000000000000000000000000000000000			650000000000	***********	
16. O	a. Interviews and Conferences											
u t	b. Obtaining and reviewing records c. Legal research and brief writing											
o f												
ç	d. Travel time	d. Travel time										
u	e. Investigative and	Other work	(Specify on addition	nal sheets)								
ř	. (Rate per hour	= \$)	TO	TALS:								
17.	Travel Expenses	(lodging, parking	g, meals, mileage, et	tc.)								-
18.	Other Expenses	(other than exper	rt, transcripts, etc.)	,								
	CHA	ODTOTALS (C	I ATRAPELANTS AN	TI STEEL								
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO					VICE		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION				21. CA	SE DISPO SITION
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or toyour knowledge has anyone else, received payment (compensation or anything or 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:												
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23.	23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVELE								IER EXPENSES		27. TOTAL AMT. APPR/CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER							DATE			28a. JUDGE / MAG. JUDGE CODE		
29.	9. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVELE					XPENSES	•	32. OTHER EXPENSES			33. TOTAL AMT. APPROVED	
34.	34. SIGNATURE OF CHIEF JUDGE, COURT OF APP EALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.							DATE			34a. JUDGE CODE	