(HC) Bunn v. Lopez et al Doc. 39

OFFICE OF THE FEDERAL DEFENDER EASTERN DISTRICT OF CALIFORNIA 801 I STREET, 3rd FLOOR SACRAMENTO, CALIFORNIA 95814

Joseph Schlesinger Acting Federal Defender (916) 498-5700 Fax: (916) 498-5710

Linda C. Harter Chief Assistant Defender

April 30, 2013

Benjamin P. Ramos Attorney at Law 7405 Greenback Lane Suite 287 Citrus Heights, CA 95610

MAY 0 6 2013 CLERK, U.S. DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA

DEPUTY CLERK

FILED

Re:

Bunn v. Lopez, et al.

2:11-cv-01373-MCE-DAD

Dear Mr. Ramos:

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.

Yvønne Jurado

CJ/A Panel Assistant

:yj Enclosures

cc: (Clerk's Office

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIPA DIST/DIV. CODE		2. PERSON REPRESENTED BUNN, REGINALD THOMAS						VOUCHER NUMBER				
3. MA. G. DKT/DEP. NUMBER			4. DIST. DKT/ 2:11-0013	R 5. APP	5. APPEALS DKT/DEF. NUMBER				6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name)			8. PAYMENT CATEGORY		9. TYP	9. TYPE PERSON REPRESENT			18, REPRESENTATION TYPE (See Instructions)			
BUNN v. LOPEZ, Warden Other											rpus :	
11. O FFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more thus one offense, list (up to five) major offenses charged, according to severity of offense.												
12. A TORNEY'S NAME (First Name, M.I., Lest Name, including any suffix) APO MAILING ADDRESS 13. COURT ORDER 13. COURT ORDER 15. O Appointing Counsel												
RAMOS, BENJAMIN P.					DF							
74O5 Greenback Lane, #287 Citris Heights CA 95610						Prior Attorney's Names						
Citation Itoights Cita y 3010						Appointment Date:						
016 500 5764						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						
Telesphose Number: 916-599-5764						(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.						
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) or Other (See Instructions)												
					Signa	Signature of Presiding Judicial Officer or By Order of the Good						
					l	09/21/2012 Date of Order Numc Pro Tunc Date						
						Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES NO						
time of appendicient. (3.165 (3.165)) in contrast when the contrast of the con												
	CATEGORIES (Atta	ch iteruization of s	ervices with dates)		HOURS CLAIMED	l Al	OTAL MOUNT	MATH/TECH ADJUSTED	L AD	TH/TECH JUSTED	ADDITIONAL :	
15.	I a American	d/or Disc				CI	LAIMED	HOURS	AM	MOUNT	100,710,17	
13.	a. Arraignment an b. Bail and Detenti										:	
	c. Motion Hearings		_									
ī	d. Trial	<u></u>										
C	e. Sentencing Hear		:									
ŏ	f. Revocation Hearings											
Ţ	g. Appeals Court											
`	h. Other (Specify o	n additional she	ets)								:	
	(Rate per hour = S) TOTALS:											
16. a. Interviews and Conferences												
Q Y	b. Obtaining and reviewing records											
ģ	c. Legal research and brief writing											
ç	d. Travel time											
ÿ	e. Investigative and	Other work	(Specify on addition	nal sheets)			_				·	
Ľ.	(Rate per hou			TALS:								
17.	Other Expenses		g, meals, mileage, o	-							:	
. 10.	t la		rt, transcripts, etc.						\vdash			
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE 10. APPOINTMENT TERMINATION DATE 10. IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION											ASE DISPOSITION	
22. CLAIM STATUS Final Payment Interim Payment Number Bupplemental Payment												
Have you previously applied to the court for compensation and/or reminimement for this case? TYPS I NO If yes, were you naid? TYPS INO												
Other than from the court, have you, or to your knowledge has anyone circ, received payment (compensation or anything or value) from any other source in connection with this representation? 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 I					L EXPENSE	SES 26. OTHER EXPENSES				27. TOTAL AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER						DATE				28a, JUDGE / MAG. JUDGE CODE		
29.	29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL				L EXPENSE	SES 32. OTHER EXPENSES				33. TOTAL AMT. APPROVED		
 SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Pays approved in excess of the statotery threshold amount. 							DATE			34a, JUDGE CODE		