



OFFICE OF THE FEDERAL DEFENDER

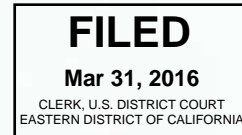
Eastern District of California
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Sacramento, California 95814-2510
(916) 498.5700 FAX (916) 498.5710

HEATHER E. WILLIAMS
Federal Defender

LINDA C. ALLISON
Chief Assistant Defender

Thursday, March 31, 2016

Jennifer M. Sheetz
Attorney at Law
38 Miller Avenue, PMB 113
Mill Valley, CA 94941



RE: Derek Martinez v. CDCR
2:12-cv-02273 JKS

Attached is a copy of your appeal appointment order for this case. You are the attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Sincerely,

Kurt Heiser
CJA Administrator

Enclosure

cc: Clerk's Office

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

| | | | |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 1. CIR./DIST./DIV. CODE | 2. PERSON REPRESENTED Martinez, Derek | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER | 4. DIST. DKT./DEF. NUMBER 12-cv-02273 JKS | 5. APPEALS DKT./DEF. NUMBER | 6. OTHER DKT. NUMBER |
| 7. IN CASE/MATTER OF (Case Name) Martinez v. CDCR | 8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input checked="" type="checkbox"/> Appeal | 9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other | 10. REPRESENTATION TYPE (See Instructions) Appeal |

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), AND MAILING ADDRESS
Jennifer Mikaere Sheetz Law Offices
38 Miller Avenue, PMB 113
Mill Valley, CA 94941
 Telephone Number: _____

13. COURT ORDER
 O Appointing Counsel C Co-Counsel
 F Subs For Federal Defender R Subs For Retained Attorney
 P Subs For Panel Attorney Y Standby Counsel
 Prior Attorney's Name: _____
 Appointment Dates: _____
 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
 Other (See Instructions)

 Signature of Presiding Judge or By Order of the Court
3/17/2016 **2/19/2016**
 Date of Order Nunc Pro Tunc Date
 Repayment or partial repayment ordered from the person represented for this service at time appointment. YES NO

| 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 | a. Arraignment and/or Plea | 0.00 | 0.00 | 0.00 | |
| | b. Bail and Detention Hearings | 0.00 | 0.00 | 0.00 | |
| | c. Motion Hearings | 0.00 | 0.00 | 0.00 | |
| | d. Trial | 0.00 | 0.00 | 0.00 | |
| | e. Sentencing Hearings | 0.00 | 0.00 | 0.00 | |
| | f. Revocation Hearings | 0.00 | 0.00 | 0.00 | |
| | g. Appeals Court | 0.00 | 0.00 | 0.00 | |
| | h. Other (Specify on additional sheets) | 0.00 | 0.00 | 0.00 | |
| (RATE PER HOUR = \$) TOTALS: | | 0.00 | 0.00 | 0.00 | |
| Out of Court | a. Interviews and Conferences | 0.00 | 0.00 | 0.00 | |
| | b. Obtaining and reviewing records | 0.00 | 0.00 | 0.00 | |
| | c. Legal research and brief writing | 0.00 | 0.00 | 0.00 | |
| | d. Travel time | 0.00 | 0.00 | 0.00 | |
| | e. Investigative and other work (Specify on additional sheets) | 0.00 | 0.00 | 0.00 | |
| (RATE PER HOUR = \$) TOTALS: | | 0.00 | 0.00 | 0.00 | |
| 17. Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | | |
| 18. Other Expenses (other than expert, transcripts, etc.) | | | | | |
| GRAND TOTALS (CLAIMED AND ADJUSTED): | | | 0.00 | | |

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 representation? 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. \$0.00 | |
| 28. SIGNATURE OF THE PRESIDING JUDGE | | | DATE | 28a. JUDGE CODE | |
| 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) <i>Payment approved in excess of the statutory threshold amount.</i> | | | DATE | 34a. JUDGE CODE | |