



**OFFICE OF THE FEDERAL DEFENDER**  
Eastern District of California  
801 I Street, 3<sup>rd</sup> Floor  
Sacramento, California 95814-2510  
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**HEATHER E. WILLIAMS**  
Federal Defender

**LINDA C. ALLISON**  
Chief Assistant Defender

Thursday, March 31, 2016

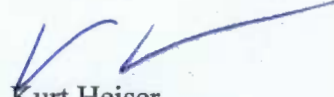
Charles M. Bonneau, Jr.  
Attorney at Law  
331 J Street, Suite 200  
Sacramento, CA 95814

**FILED**  
**Mar 31, 2016**  
CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

RE: Sarah Weeden v. Johnson  
2:13-cv-2667 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

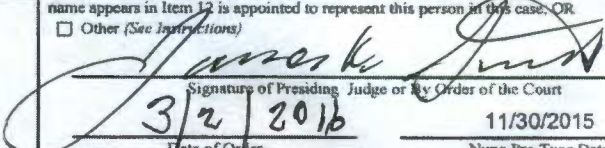
cc: Clerk's Office

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED <b>Weeden, Sarah</b>	VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER <b>13-cv-02667 JKS</b>	5. APPEALS DKT./DEF. NUMBER
7. IN CASE/MATTER OF (Case Name) <b>Weeden v. Johnson</b>	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) <b>Appeal</b>		

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  <b>Charles M. Bonneau, Jr.</b> <b>331 J Street, Suite 200</b> <b>Sacramento, CA 95814</b>  Telephone Number: _____	13. COURT ORDER <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  Prior Attorney's Name: _____ Appointment Dates: _____ <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 <input type="checkbox"/> Other (See Instructions)
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14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)

  
 Signature of Presiding Judge or by Order of the Court  
3/2/2016      11/30/2015  
 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
<b>In Court</b>	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		0.00	0.00	
	e. Sentencing Hearings		0.00	0.00	
	f. Revocation Hearings		0.00	0.00	
	g. Appeals Court		0.00	0.00	
	h. Other (Specify on additional sheets)		0.00	0.00	
(RATE PER HOUR = \$ ) TOTALS:	0.00	0.00	0.00	0.00	
<b>Out of Court</b>	a. Interviews and Conferences		0.00	0.00	
	b. Obtaining and reviewing records		0.00	0.00	
	c. Legal research and brief writing		0.00	0.00	
	d. Travel time		0.00	0.00	
	e. Investigative and other work (Specify on additional sheets)		0.00	0.00	
(RATE PER HOUR = \$ ) TOTALS:	0.00	0.00	0.00	0.00	
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)		0.00		0.00	
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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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. <b>\$0.00</b>
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 <b>\$0.00</b>
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE