



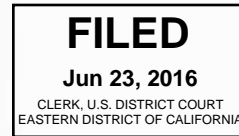
**OFFICE OF THE FEDERAL DEFENDER**  
Eastern District of California  
801 I Street, 3<sup>rd</sup> Floor  
Sacramento, California 95814-2510  
(916) 498.5700 FAX (916) 498.5710

**HEATHER E. WILLIAMS**  
Federal Defender

**LINDA C. ALLISON**  
Chief Assistant Defender

Thursday, June 23, 2016

Jennifer M. Sheetz  
Law Offices  
38 Miller Ave.  
Mill Valley, CA 94941



RE: Thao v. Ducart  
2:14-cv-01791 WBS KJN

Attached is a copy of your 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,

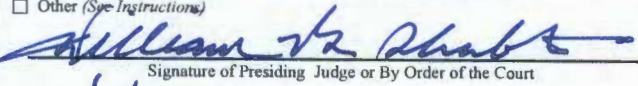
A handwritten signature in blue ink, appearing to read "Kurt Heiser".

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 <b>Thao, Lue Seng</b>		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>14-cv-01791 WBS KJN</b>		5. APPEALS DKT./DEF. NUMBER <b>15-17400</b>	
7. IN CASE/MATTER OF (Case Name) <b>Thao v. Ducart</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) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS <b>Jennifer M. Sheetz Attorney at Law 38 Miller Ave. Mill Valley, CA 94941 Telephone Number :</b>			13. COURT ORDER <input 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)   Signature of Presiding Judge or By Order of the Court <b>6/8/2014</b> <b>6/7/2016</b> Date of Order      Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
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
<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.)					
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>			0.00	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 <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, give details on additional sheets. <b>I swear or affirm the truth or correctness of the above statements.</b> 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) <i>Payment approved in excess of the statutory threshold amount.</i>				DATE	
				34a. JUDGE CODE	