



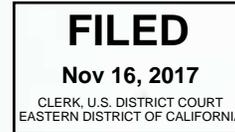
OFFICE OF THE FEDERAL DEFENDER
Eastern District of California
801 I Street, 3rd Floor
Sacramento, California 95814-2510
(916) 498.5700 FAX (916) 498.5710

HEATHER E. WILLIAMS
Federal Defender

BENJAMIN D. GALLOWAY
Chief Assistant Defender

Wednesday, November 15, 2017

Geoff Jones
769 Center Blvd., PMB 162
Fairfax, CA 94930



RE: Richard Johnson v. McDowell
2:16-cv-0745 GGH

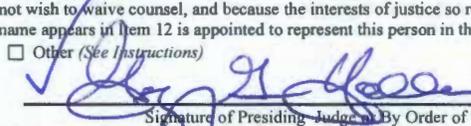
Attached is a copy of your appointment order for this case. You are the attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Sincerely,

Kurt Heiser
CJA Administrator

Enclosure

cc: Clerk's Office

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED Johnson, Richard Steven, Jr.	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 2:16-cv-00745-GGH	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (<i>Case Name</i>) Johnson v. McDowell	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 type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input checked="" type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (<i>See Instructions</i>) Appeal
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> Appeal			
12. ATTORNEY'S NAME (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS Geoff Jones 769 Center Blvd., PMB 162 Fairfax, CA 94930 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 (<i>See Instructions</i>)  Signature of Presiding Judge By Order of the Court Date of Order: <u>08/27/2017</u> Nunc Pro Tunc Date: <u>9/6/2017</u> 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 (<i>Only provide per instructions</i>)			

CLAIM FOR SERVICES AND EXPENSES			FOR COURT USE ONLY		
CATEGORIES (<i>Attach itemization of services with dates</i>)	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	
	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 (<i>Specify on additional sheets</i>)		0.00	0.00	
	(RATE PER HOUR = \$ _____) TOTALS:	0.00	0.00	0.00	0.00
Out of Court	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 (<i>Specify on additional sheets</i>)		0.00	0.00	
(RATE PER HOUR = \$ _____) TOTALS:	0.00	0.00	0.00	0.00	
17. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)					
18. Other Expenses (<i>other than expert, transcripts, etc.</i>)		0.00		0.00	
GRAND TOTALS (CLAIMED AND ADJUSTED):					
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 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	