

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

1. CIR./DIST./ DIV. CODE CAU	2. PERSON REPRESENTED COMBS, DAVID	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER CV-06-00186-MMC	5. APPEALS. DKT./DEF. NUMBER 09-15087	6. OTHER DKT NUMBER
7. IN CASE/MATTER OF (Case Name) DAVID COMBS V. TOM CAREY	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Other... <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal <input type="checkbox"/> Petty Offense <input type="checkbox"/> Habeas Appel	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee <input type="checkbox"/> Petitioner - Appellant	10. REPRESENTATION TYPE (See Instructions) HA

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*
28:2254

12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS MR. JONATHAN D. SOGLIN 730 HARRISON STREET, SUITE 201 SAN FRANCISCO, CA 94107 Telephone Number 415-495-3119	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 Sub for Retained Atty. <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____
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14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide instructions,)
FIRST DISTRICT APPELLATE PROJECT
730 HARRISON STREET, SUITE 201
SAN FRANCISCO CA 94107

15. Because the above named person represented has testified under oath or has otherwise stated to this court that he or she (1) is financially unable to employ counsel, and (2) does not wish to waive counsel, and because the interest of justice so requires, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR
(See Instructions)
Hon. Judge Chesney *Richard M. Chesney*
Signature Of Presiding Judicial Officer or By Order Of The Court
1-3-10 2/1/2010
Date Of Order Nunc Pro Tunc Date
Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES NO

FILED
FEB - 8 2010
RICHARD M. CHESNEY
CLERK OF SUPERIOR COURT
NORTHERN DISTRICT OF CALIFORNIA

CATEGORIES (attached itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court	a. Arraignment And/or Plea				
	b. Bail And Detention Hearings				
	c. Motion Hearings				
	d. Trial				
	e. Sentencing Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify On Additional Sheets)				
16. Out Of Court	a. Interview and conferences				
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time				
	e. Investigative and other work (Specify on additional sheets)				
17. Travel Expenses (Lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR TE 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 case? 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 the 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 _____

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28A. JUDGE/MAG CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34A. JUDGE CODE