


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

1. CIR./DIST./DIV. CODE <b>CAU</b>	2. PERSON REPRESENTED <b>WASHINGTON, JAMES</b>	VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER <b>CV-06-04490-SI</b>	5. APPEALS. DKT./DEF. NUMBER <b>09-17596</b>
7. IN CASE/MATTER OF (Case Name) <b>JAMES WASHINGTON V. DERRICK L. OLLISON</b>	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Other... <input checked="" type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Appeal <input type="checkbox"/> Petty Offense <input type="checkbox"/> Habeas Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee <input type="checkbox"/> Petitioner - Appellant
6. OTHER DKT NUMBER		
10. REPRESENTATION TYPE (See Instructions) <b>HA</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*  
**28:2254**

12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS  
**JOHN J. JORDAN  
400 MONTGOMERY ST., STE. 200  
SAN FRANCISCO, CA 94104**  
Telephone Number **415-391-4814**

13. COURT ORDER  
 O Appointing Counsel  C Co-counsel  
 F Subs For Federal Defender  R Sub for Retained Atty.  
 P Subs for Panel Attorney  Y Standby Counsel  
 Prior Attorney's Name: \_\_\_\_\_  
 Appointment Date: \_\_\_\_\_  
 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 interest 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) \_\_\_\_\_  
**Hon. Judge Illston**  
 Signature Of Presiding Judicial Officer or By Order Of The Court  
  
**3/26/10** **3/24/2010**  
 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

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)  
**FILED**  
**APR 19 2010**  
**RICHARD W. WIEKING  
CLERK U.S. DISTRICT COURT,  
NORTHERN DISTRICT OF CALIFORNIA**

**CLAIM FOR SERVICES AND EXPENSES** **FOR COURT USE ONLY**

CATEGORIES (attached itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
<b>15. In Court</b>	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)				
<b>16. Out Of Court</b>	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 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 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 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 \_\_\_\_\_

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) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE	34A. JUDGE CODE