

1. CIR./DIST./ DIV. CODE <b>CAU</b>	2. PERSON REPRESENTED <b>DANG, TAI Q.</b>	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER <b>CV-07-03268-SI</b>	5. APPEALS. DKT./DEF. NUMBER <b>08-16970</b>	6. OTHER DKT NUMBER
7. IN CASE/MATTER OF ( Case Name ) <b>TAI Q. DANG V. D. K. SISTO</b>	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal <input checked="" type="checkbox"/> Petty Offense <input type="checkbox"/> Habeas Appeal <input type="checkbox"/> Other...	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Appellee Petitioner - Appellant	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  <b>MS. NINA WILDER</b> <b>523 OCTAVIA STREET</b> <b>SAN FRANCISCO, CA 94102</b>  Telephone Number <b>415-431-3472</b>	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: _____ <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 interest 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 ) _____ Hon. Judge Illston Signature Of Presiding Judicial Officer or By Order Of The Court <u>7/10/09</u> <u>7/9/2009</u> Date Of Order      Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO
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14. NAME AND MAILING ADDRESS OF LAW FIRM *Only provide partial address if space is insufficient*  
**WEINBERG & WILDER**  
**523 OCTAVIA STREET**  
**SAN FRANCISCO CA 94102**

FILED  
 JUL 15 2009  
 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>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 )					
	RATE PER HOUR = \$ _____ TOTALS:					
<b>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)					
	RATE PER HOUR = \$ _____ TOTALS:					
17.	Travel Expenses ( Lodging, parking, meals, mileage, etc. )					
18.	Other Expenses ( other than expert, transcripts, etc. )					
	GRAND TOTALS (HOURS CLAIMED AND ADJUSTED):					

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 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