

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

1. CIR./DIST./DIV. CODE CAN	2. PERSON REPRESENTED GRIZZLE, ELIOT SCOTT	VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER C-07-04845-SI	5. APPEALS. DKT./DEF. NUMBER
6. OTHER DKT NUMBER	7. IN CASE/MATTER OF (Case Name) ELIOT SCOTT GRIZZLE V. ROBERT HOREL	8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Other <input type="checkbox"/> Appeal <input type="checkbox"/> Habeas Corpus Petition
9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input checked="" type="checkbox"/> Other <u>Petitioner</u>	10. REPRESENTATION TYPE (See Instructions) HC	

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. BENJAMIN L. COLEMAN
433 G STREET, STE. 202
SAN DIEGO, CA 92101

Telephone Number **619-652-9960**

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: _____

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions,
COLEMAN & BALOGH LLP
433 G STREET, STE. 202
SAN DIEGO CA 92101

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)

Judge Illston 
Signature Of Presiding Judicial Officer or By Order Of The Court
10/28/08 9/20/2007
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

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
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) (RATE PER HOUR =) TOTALS:				
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) (RATE PER HOUR =) TOTALS:				
17. Travel Expenses (Lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (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

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 _____

APPROVED FOR PAYMENT - COURT USE ONLY

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