

## 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>CARLIN, JAMES</b>		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>CV-10-03156-SI</b>		5. APPEALS. DKT./DEF. NUMBER <b>11-17103</b>		
7. IN CASE/MATTER OF (Case Name) <b>JAMES CARLIN V. VINCE CULLEN</b>		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Other... <input checked="" type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Appeal <input checked="" type="checkbox"/> Petty Offense <input type="checkbox"/> Habeas Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Appellee <input type="checkbox"/> 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 <b>28:2254</b>						
12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS  <b>MARGARET LITTLEFIELD P. O. BOX 337 BOLINAS, CA 94924</b>  Telephone Number <b>415-868-9209</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) _____ <b>Hon. Judge Illston</b> Signature Of Presiding Judicial Officer or By Order Of The Court <b>6/13/12</b> 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			
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)  <b>LAW OFFICES OF MICHAEL SATRIS P. O. BOX 337 BOLINAS CA 94924</b>			<div style="text-align: center;"> <b>FILED</b>  <b>JUN 20 2012</b>  <b>RICHARD W. WICKING</b>  <b>CLERK U.S. DISTRICT COURT</b>  <b>SOUTHERN DISTRICT OF CALIFORNIA</b> </div>			
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	15. 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	16. 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 THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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) Payment approved in excess of the statutory threshold amount.			DATE	34A. JUDGE CODE		