

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

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|---|---|---|---|
| 1. CIR./DIST./DIV. CODE CAU | 2. PERSON REPRESENTED CARLIN, JAMES | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER | 4. DIST. DKT./DEF. NUMBER CV-10-03156-SI | 5. APPEALS. DKT./DEF. NUMBER 11-17103 | 6. OTHER DKT NUMBER |
| 7. IN CASE/MATTER OF (Case Name) JAMES CARLIN V. VINCE CULLEN | 8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Other... <input type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Appeal <input 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 | 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

MARGARET LITTLEFIELD
P. O. BOX 337
BOLINAS, CA 94924

Telephone Number 415-868-9209

14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per
instructions,

LAW OFFICES OF MICHAEL SATRIS
P. O. BOX 337
BOLINAS CA 94924

FILED
JUN 10 2012
RICHARD W. WICKING
CLERK U.S. DISTRICT COURT
DISTRICT OF CALIFORNIA

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

6/13/2012

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 |
|---|---|---------------|---|--------------------------|---------------------------|-------------------|
| 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) | | | | | |
| | (RATE PER HOUR - \$) | TOTALS: | | | | |
| 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) | | | | | |
| | (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 | | | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION | | 21. CASE DISPOSITION | |
| FROM: _____ TO: _____ | | | | | | |

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

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|---|------------------------|---------------------|--------------------|--------------------------|
| 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 |