

1. CIR./DIST./ DIV. CODE
CAN

2. PERSON REPRESENTED
YOUNG, ROBERT

VOUCHER NUMBER

3. MAG. DKT./DEF. NUMBER

4. DIST. DKT./DEF. NUMBER
CV-11-04985-JST (PR)

5. APPEALS. DKT./DEF. NUMBER

6. OTHER DKT NUMBER

7. IN CASE/MATTER OF (Case Name)
**ROBERT YOUNG V.
CONNIE GIPSON, ET AL.**

8. PAYMENT CATEGORY
 Felony
 Misdemeanor
 Appeal
 Petty Offense
 Other
Habeas Petition

9. TYPE PERSON REPRESENTED
 Adult Defendant
 Juvenile Defendant
 Other
 Appellant
 Appellee
Habeas Petitioner

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. WESTLEY A. VAN WINKLE
P.O. BOX 5216
BERKELEY, CA 94705-0216**

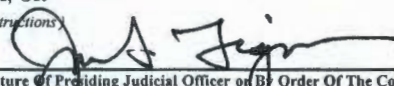
Telephone Number **510-848-6250**

13. COURT ORDER
 O Appointing Counsel
 F Subs For Federal Defender
 P Subs for Panel Attorney
 C Co-counsel
 R Sub for Retained Atty.
 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)

Judge Tigar 
Signature Of Presiding Judicial Officer on By Order Of The Court
10/22/11 **8/1/2011**
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
NOV - 5 2013
**RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT**

QUALIFYING FOR FEES AND EXPENSES FOR COURT USE ONLY

CATEGORIES (attached itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY		
			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.)					

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 knowlege 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