

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

1. CIR./DIST./DIV. CODE CAU		2. PERSON REPRESENTED GARCIA, CARLOS		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CV-12-01760-EMC		5. APPEALS. DKT./DEF. NUMBER 13-16479	
7. IN CASE/MATTER OF (Case Name) CARLOS GARCIA V. MATTHEW CATE		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Appeal <input type="checkbox"/> Petty Offense <input type="checkbox"/> Habeas Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee <input type="checkbox"/> Petitioner - Appellant	
10. REPRESENTATION TYPE 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 SUZANNE A. LUBAN 436 14TH STREET, SUITE 1220 OAKLAND, CA 94612 Telephone Number 510-832-3555		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs for Panel Attorney Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> C Co-counsel <input type="checkbox"/> R Sub for Retained Atty. <input type="checkbox"/> Y Standby Counsel	
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14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) LAW OFFICE OF SUZANNE A. LUBAN 436 14TH STREET, SUITE 1220 OAKLAND CA 94612		<p>FILED DEC 02 2013</p> <p>RICHARD W. WIEKING CLERK U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA</p> <p>Hon. Judge Chen Signature Of Presiding Judicial Officer or By Order Of The Court 11/4/2013 Date Of Order Nunc Pro Tunc Date 11/1/2013</p>	
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Payment 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 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 _____

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