

8:03CR77

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev 5/99)

1 CIR/DIST / DIV CODE	2 PERSON REPRESENTED SAMUEL HAMMOUDEH	VOUCHER NUMBER TPA2104-041
3 MAG DKT / DEF NUMBER	4. DIST. DKT / DEF NUMBER 8:03CR-T-3078M	5 APPEALS DKT./DEF. NUMBER
7 IN CASE/MATTER OF (Case Name) USA v. Hammoudeh	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9 TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other

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.*
Conspiracy to commit Racketeering, Consp to commit Murder, Consp to Support Terrorists, Travel acts

12. ATTORNEY'S STATEMENT

As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

Authorization to obtain the service Estimated Compensation and Expenses: **\$1000** *UP TO \$1000*

Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses)

Signature of Attorney: **Leeman D. Bernstein** Date: **4/28/03**

Panel Attorney Retained Attorney Pro-Se Legal Organization

ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)

for Equipment necessary to review Ability to have benefit of translation and discovery services set up by Federal Public Defender for CD defendant's

14. TYPE OF SERVICE PROVIDED

CJA PAYMENT RECORD

01 <input type="checkbox"/> Investigator	15 <input type="checkbox"/> Other Medical
02 <input checked="" type="checkbox"/> Interpreter/Translator	16 <input type="checkbox"/> Voice/Audio Analyst
03 <input type="checkbox"/> Psychologist	17 <input type="checkbox"/> Hair/Fiber Expert
04 <input type="checkbox"/> Psychiatrist	18 <input checked="" type="checkbox"/> Computer (Hardware/Software/System)
05 <input type="checkbox"/> Polygraph	19 <input type="checkbox"/> Paralegal Services
06 <input type="checkbox"/> Document Examiner	20 <input type="checkbox"/> Legal Analyst/Consultant
07 <input type="checkbox"/> Fingerprint Analyst	21 <input type="checkbox"/> Jury Consultant
08 <input type="checkbox"/> Accountant	22 <input type="checkbox"/> Translation Specialist
09 <input type="checkbox"/> Calligrapher	23 <input type="checkbox"/> Duplication Services (See Instructions)
10 <input type="checkbox"/> Chemist/Toxicologist	24 <input type="checkbox"/> Other (Specify)
11 <input type="checkbox"/> Ballistics	
13 <input type="checkbox"/> Weapons/Firearm/Explosive Expert	
14 <input type="checkbox"/> Pathologist/Medical Examiner	

DATE: **4-26-04**

ENTERED: **4-26-04**

CERTIFIED: **4-26-04**

15. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted

Signature of Presiding Judicial Officer or By Order of the Court

Date of Order _____ Nunc Pro Tunc Date _____

Repayment or partial repayment ordered from the person represented for this service at time of authorization.

YES NO

CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY	
16. SERVICES AND EXPENSES (Attach itemization of services with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation			
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):			

17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

Creative Labs, Inc.
1931 McCarthy Blvd.
Milpitas, CA 95039

TIN: **9074825**

Telephone Number: **(408) 428-6600**

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____

CLAIM STATUS Final Payment Interim Payment Number _____ Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services

Signature of Claimant/Payee _____ Date _____

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case

Signature of Attorney _____ Date _____

APPROVED FOR PAYMENT - COURT USE ONLY

19 TOTAL COMPENSATION \$699.96	20 TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED \$699.96
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23. Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained.
 Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300

Signature of Presiding Judicial Officer: **ZABG 1-26-04** Date: _____ Judge/Mag. Judge Code: _____

24 TOTAL COMPENSATION	25 TRAVEL EXPENSES	26 OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
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28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____

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