

1. CIR /DIST /DIV. CODE FLM	2. PERSON REPRESENTED Ballut, Ghassan Zayed	VOUCHER NUMBER TPA 2103-286-08			
3. MAG DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 8:03-000077-007	5. APPEALS DKT /DEF. NUMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) USA v. Al-Arian, et al	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case		
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. 1) 18 1962-3300.F -- RICO - INTERSTATE COMMERCE					

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

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 \$ \_\_\_\_\_ OR  
 Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$300)

Signature of Attorney: Bruce G. Howie Date: 2/20/04

Panel Attorney  Retained Atty  Pro-Se  Legal Organization

Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address:

BRUCE G. HOWIE  
5720 CENTRAL AVE.  
ST. PETERSBURG, FL 33707

Telephone Number: 727-344-1111

FILED  
 2004 MAR 23 PM 2:26  
 CLERK U.S. DISTRICT COURT  
 TAMPA, FLORIDA

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

Paralegal Services

14. TYPE OF SERVICE PROVIDER

- |  |  |
|--|--|
| 01 <input type="checkbox"/> Investigator                         | 20 <input type="checkbox"/> Legal Analyst/Consultant |
| 02 <input type="checkbox"/> Interpreter/Translator               | 21 <input type="checkbox"/> Jury Consultant          |
| 03 <input type="checkbox"/> Psychologist                         | 22 <input type="checkbox"/> Mitigation Specialist    |
| 04 <input type="checkbox"/> Psychiatrist                         | 23 <input type="checkbox"/> Other (Specify)          |
| 05 <input type="checkbox"/> Polygraph Examiner                   | 24 <input type="checkbox"/> Other (Specify)          |
| 06 <input type="checkbox"/> Documents Examiner                   |  |
| 07 <input type="checkbox"/> Fingerprint Analyst                  |  |
| 08 <input type="checkbox"/> Accountant                           |  |
| 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc)            |  |
| 10 <input type="checkbox"/> Chemist/Toxicologist                 |  |
| 11 <input type="checkbox"/> Ballistics Expert                    |  |
| 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert    |  |
| 13 <input type="checkbox"/> Pathologist/Medical Examiner         |  |
| 14 <input type="checkbox"/> Other Medical Expert                 |  |
| 15 <input type="checkbox"/> Voice/Audio Analyst                  |  |
| 16 <input type="checkbox"/> Hair/Fiber Expert                    |  |
| 17 <input type="checkbox"/> Computer (Hardware/Software/Systems) |  |
| 18 <input type="checkbox"/> Paralegal Services                   |  |
| 19 <input type="checkbox"/> Paralegal Services                   |  |
- DATE: 3-10-04 BY: JL  
 ENTERED 3-10-04  
 CERTIFIED 3-19-04  
 VERIFIED 3-19-04

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

by order (#207) by JSM  
 Signature of Presiding Judicial Officer or By Order of the Court

Date of Order: 7-2-03 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

16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a Compensation	<u>23.30</u>	<u>582.50</u>	<u>15.6 x 25 = 390.00</u>
b Travel Expenses (lodging, parking, meals, mileage, etc)	<u>77.77</u>	<u>80.29</u>	
c Other Expenses			

GRAND TOTALS CLAIMED AND ADJUSTED:

660.27 662.79

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

BROOKE V. ENINGTON  
1743 Audrey Dr.  
Clearwater, FL 33759

TIN: on file  
 Telephone Number: 727-723-1749  
470.29 (wh-19250)

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM

CLAIM STATUS:  Final  Interim Payment Number: 11/15/04 TO 2/20/04  
 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: [Signature] Date: 2/20/04

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

Signature of Attorney: Bruce G. Howie Date: 2/20/04

APPROVED FOR PAYMENT (COURT USE ONLY)

19. TOTAL COMPENSATION <u>582.50</u>	20. TRAVEL EXPENSES <u>80.29</u>	21. OTHER EXPENSES <u>(-192.50 wh)</u>	22. TOT. AMT APPROVED/CERTIFIED <u>470.29</u>
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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: [Signature] Date: 12 March 04 Judge/Mag Judge Code: 3A30

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 \_\_\_\_\_ Judge Code \_\_\_\_\_

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