

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 8:03-00077-007	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)

Bruce H. Howe Bruce Howe 3/4/04  
 Signature of Attorney Date

Panel Attorney  Retained Atty  Pro-Se  Legal Organization

Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.  
5720 Central Ave  
St. Petersburg, FL 33707

Telephone Number: 727-344-1111

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"/> Valuation Specialist     |
| 04 <input type="checkbox"/> Psychiatrist                         | 23 <input type="checkbox"/> Unemployed/Retiree       |
| 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/Intertec)              |  |
| 10 <input type="checkbox"/> Chemist/Toxicologist                 |  |
| 11 <input type="checkbox"/> Ballistics Expert                    |  |
| 13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert    |  |
| 14 <input type="checkbox"/> Pathologist/Medical Examiner         |  |
| 15 <input type="checkbox"/> Other Medical Expert                 |  |
| 16 <input type="checkbox"/> Voice/Audio Analyst                  |  |
| 17 <input type="checkbox"/> Hair/Fiber Expert                    |  |
| 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) |  |
| 19 <input type="checkbox"/> Paralegal Services                   |  |

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 jo  
 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

FILED  
 2004 MAR 23  
 CLERK U.S. DISTRICT COURT  
 TAMPA, FL  
 PM 12:26  
 DATE 3-10-04 BY jo  
 ENTERED 3-10-04  
 RECORDED 3-19-04  
 FILED 3-19-04

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

16 SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a Compensation <u>49.80 (x43=33.2)</u>	<u>1245.00</u>	<u>33.2 x 25 = 830.00</u>	
b Travel Expenses (lodging, parking, meals, mileage, etc)	<u>32.29</u>	<u>33.50</u>	<u>33.50</u>
c Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):		<u>1277.24</u>	<u>1273.50</u>

17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS  
Brooke V. Emington  
1743 Audrey Dr.  
Clearwater, FL 33759  
 TIN: on file Telephone Number: 727-723-7749

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM 2/2/04 TO 3/3/04  
 CLAIM STATUS  Final  Interim Payment Number 09  Supplemental Payment  
 I hereby certify that the above claim 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 Brooke V. Emington Date 3/4/04

18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case  
 Signature of Attorney Bruce H. Howe Date 3/5/04

APPROVED FOR PAYMENT - COURT USE ONLY

19. TOTAL COMPENSATION <u>1245.00</u>	20. TRAVEL EXPENSES <u>33.50</u> (-415 wtt)	21. OTHER EXPENSES	22. TOT. AMT APPROVED/CERTIFIED <u>863.50</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 J. M. Mery Jr 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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