

1. CIR./DIST./DIV. CODE FLM	2. PERSON REPRESENTED Ballut, Ghassan Zayed	VOUCHER NUMBER FPA 2103-286-10			
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 18-03-00077-007	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)

Signature of Attorney: Bruce Howie Date: 4/20/2004

Panel Attorney Retained Att. 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"/> Medical Specialist |
| 04 <input type="checkbox"/> Psychiatrist | 23 <input type="checkbox"/> Duplication Services (See this section) |
| 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 (When Applicable) | |
| 10 <input type="checkbox"/> Chemist/Toxicologist | |
| 11 <input type="checkbox"/> Ballistics Expert | |
| 12 <input type="checkbox"/> Weapons/Firearms/Explosive | |
| 13 <input type="checkbox"/> Pathologist | |
| 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 checked="" type="checkbox"/> Paralegal Services | |

CJA PAYMENT RECORD
 DATE BY

5-134 je
 5-274 je
 5-274 je
 5-274 je

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

CLAIM FOR AMOUNTS AND FEES 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	74.80	1870.00	49.8 x 25 = 1245.00
b Travel Expenses (lodging, parking, meals, mileage, etc)	0		
c Other Expenses	0		
GRAND TOTAL CLAIMED AND ADJUSTED:	1870.00		1245.00

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

Brooke V. Evington
1743 Audrey Dr.
Clearwater, FL 33759

TIN: on file Telephone Number: 727-723-7749

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM 4/1/2004 TO 4/19/2004
 CLAIM STATUS: Final 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: 4/19/2004

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

Signature of Attorney: Bruce Howie Date: 4/19/2004

APPROVED FOR PAYMENT - COURT USE ONLY

19 TOTAL COMPENSATION <u>1870.00</u>	20. TRAVEL EXPENSES <u>(-625 w/H)</u>	21. OTHER EXPENSES <u>=</u>	22. TOT. AMT APPROVED/CERTIFIED <u>1245.00</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: _____ Date: 21 May 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. 3016A(b)(5)

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



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