

1. CIR./DIST./DIV. CODE FLM	2. PERSON REPRESENTED Ballut, Ghassan Zayed	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	

CHER NUMBER  
TPA 2103-286-11

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: May 4, 2004

- 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. Pete, 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 Examiner                        |
| 04 <input type="checkbox"/> Psychiatrist                         | 23 <input type="checkbox"/> Duplication Services (See instructions) |
| 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/Intellisearch)         |   |
| 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/Microbiologist           |   |
| 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                   |   |

CJA PAYMENT RECORD  
DATE BY

5134 JC  
5274 JC  
5274 M

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

7-2-3

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**

16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a Compensation	64.10	1602.50	644 42.8x25 = 1070.00
b Travel Expenses (lodging, parking, meals, mileage, etc)	18.75	18.75	18.75
c Other Expenses	54.81	54.81	54.81
<b>GRAND TOTAL CLAIMED AND ADJUSTED:</b>	<b>11676.05</b>		<b>1143.56</b>

OS-2002-50  
PP PIVY 88  
13092.50

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: 727-723-1749

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM

CLAIM STATUS  Final  Interim Payment Number 420/04 TO 5/4/2004  
 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 5/4/04

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

Signature of Attorney

Date 5/4/04

**APPROVED FOR PAYMENT - COURT USE ONLY**

19. TOTAL COMPENSATION 1602.50	20. TRAVEL EXPENSES 18.75	21. OTHER EXPENSES 5481 (-53250)	22. TOT. AMT APPROVED/CERTIFIED 1143.56
-----------------------------------	------------------------------	-------------------------------------	--

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. ... Date: 21 May 04

3A30  
Judge/Mag Judge Code

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
------------------------	---------------------	--------------------	---------------------------

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)



FILE COPY

Judge Code

RECEIVED

Handwritten initials