

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

1. CIR./DIST./DIV. CODE FLM	2. PERSON REPRESENTED Ballut, Ghassan Zayed	VOUCHER NUMBER TPA 2103-286-12	
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 Howe Date: 6/18/04
 Signature of Attorney: Bruce Howe Date: _____

Panel Attorney Retained Atty Pro-Se Legal Organization
 Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address: _____
 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"/> Mitigation Specialist
04 <input type="checkbox"/> Psychiatrist	23 <input type="checkbox"/> Publication 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/Lexis, etc)	
10 <input type="checkbox"/> Chemist/Toxicologist	
11 <input type="checkbox"/> Ballistics Expert	
12 <input type="checkbox"/> Pathologist/Medical Examiner	
13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert	
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 Service	
19 <input type="checkbox"/> Other (Specify)	

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: 7-2-3 Nunc Pro Tunc Date
 Repayment or partial repayment ordered from the person represented for this service at time of authorization.
 YES NO

FILED
 CLERK OF COURT
 COUNTY OF FLORIDA
 TAMPA, FLORIDA
 JUN 18 AM 11:06

PAYMENT RECORD
 DATE BY
 ENTERED 7-26-4 je
 CERTIFIED 8-9-4 je
 VERIFIED 8-16-4 fl

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>58.30 x 25</u>	<u>1457.50</u>	<u>58.3 x 25</u>	<u>38.8 x 25</u>
b. Travel Expenses (lodging, parking, meals, mileage, etc.)	<u>—</u>		
c. Other Expenses	<u>—</u>		
GRAND TOTALS (CLAIMED AND ADJUSTED):	<u>1457.50</u>		<u>970.00</u>

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

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM 5/4/04 TO 6/18/04
 CLAIM STATUS Final Interim Payment Number 12 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: [Signature] Date: 6/19/04

18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case.
 Signature of Attorney: [Signature] Date: 6/18/2004

APPROVED FOR PAYMENT - COURT USE ONLY

19. TOTAL COMPENSATION <u>1457.50</u>	20. TRAVEL EXPENSES <u>(-487.50 W/A)</u>	21. OTHER EXPENSES <u>=</u>	22. TOT. AMT APPROVED/CERTIFIED <u>970.00</u>
23. <input checked="" type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained. <input type="checkbox"/> 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: <u>[Signature]</u>		Date: <u>27 July 04</u>	Judge/Mag. Judge Code: <u>3A30</u>
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(c)(3)
 Signature of Chief Judge, Court of Appeals (or Delegate): _____ Date: _____ Judge Code: _____

RECEIVED
 6-28-4

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