

1. CIR./DIST./DIV. CODE FLM		2. PERSON REPRESENTED Ballut, Ghassan Zayed			VOUCHER NUMBER 03077-07-LLS03	
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) U.S. v. Ballut		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions)
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> (1) 18 USC 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: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation and \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses)						
Signature of Attorney Bruce G. Howie		Date 7/30/04				
ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Bruce G. Howie 5720 Central Avenue, St. Petersburg, FL 33707						
				Telephone 727 344 1111		
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) Translation of FISA tapes per order of 4/16/04 (Doc. 508)				14. TYPE OF SERVICE PROVIDER		
				01 <input type="checkbox"/> Investigator		
				02 <input type="checkbox"/> Interpreter/Translator		
				03 <input type="checkbox"/> Psychologist		
				04 <input type="checkbox"/> Psychiatrist		
				05 <input type="checkbox"/> Polygraph		
				06 <input type="checkbox"/> Documents Examiner		
				07 <input type="checkbox"/> Legal Analyst		
				08 <input type="checkbox"/> Accountant		
				09 <input type="checkbox"/> CALR (Westlaw, etc.)		
				10 <input type="checkbox"/> Dupli		
				11 <input type="checkbox"/> Ballistics		
				13 <input type="checkbox"/> Weapons/Firearms/Explosive		
				14 <input type="checkbox"/> Forensic/Medical Examiner		
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. 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 <input type="checkbox"/> YES <input type="checkbox"/> NO				16. CLAIM FOR SERVICES AND EXPENSES ENTERED 8/10/04 CERTIFIED 8/20/04 VERIFIED 8/20/04		
CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY						
16. SERVICES AND EXPENSES (Attach itemization of services with dates)		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT		AT
a. Compensation		10,633.75				
b. Travel Expenses (lodging, parking, meals, mileage, etc.)						
c. Other Expenses						
GRAND TOTALS (CLAIMED AND ADJUSTED):						47.00
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Legal Language Services 18 John Street, Suite 300 New York, NY 10038-4011						
				TIN: _____		
				Telephone 212-766-4111		
CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM 7/1/04 TO 7/23/04						
CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> 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 Judex L. ...				Date July 23, 2004		
18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.						
Signature of Bruce G. Howie				Date 7/30/04		
APPROVED FOR PAYMENT - COURT USE ONLY						
19. TOTAL COMPENSATION 10,633.75		20. TRAVEL EXPENSES (-3545.44)		21. OTHER EXPENSES =		22. TOTAL AMOUNT APPROVED/CERTIFIED 7088.75
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 Jamie A. ...				Date 12 Aug. 04		Judge/Mag. Judge Code 3A30
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)				Date		Judge Code

16.00 +
 25.00 +
 02.75 +
 3.25 +
 35.25 +
 14.00 +
 25.00 +
 15.25 +
 6.25 +
 6.00 +
 6.25 +
 23.50 +
 3.75 +
 6.75 +
 17.25 +
 226.25 X
 47.00 =
 1063.75 *



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