

FILED

1. CIR./DIST./DIV. CODE <b>FLM</b>		2. PERSON REPRESENTED <b>Ballut, Ghassan Zayed</b>		VOUCHER NUMBER <b>03077-07-LLS05</b>	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>803-000077-007</b>		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) <b>US vs Ballut</b>		8. PAYMENT CATEGORY <input 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	
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> <b>(1) 18 USC 1962-3300.F- RICO - Interstate Commerce</b>					

**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 and \$ \_\_\_\_\_ OR  
 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. Houie Date: 9/8/04

Panel Attorney  Retained Attorney  Pro-Se  Legal Organization  
 ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS  
**Bruce G. Houie St Petersburg FL 33707**  
**5720 Central Ave.**  
 Telephone: **727 344 1111**

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) <b>Translation of FISA tapes per order of 4/16/04 (Doc 508)</b>		14. TYPE OF SERVICE PROVIDER <b>CJA PAYMENT RECORD</b>																													
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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>01 <input type="checkbox"/> Investigator</td> <td>16 <input type="checkbox"/> Other Medical</td> </tr> <tr> <td>02 <input checked="" type="checkbox"/> Interpreter/Translator</td> <td>17 <input type="checkbox"/> Voice/Audio Analyst</td> </tr> <tr> <td>03 <input type="checkbox"/> Psychologist</td> <td>18 <input type="checkbox"/> Hair/Fiber Expert</td> </tr> <tr> <td>04 <input type="checkbox"/> Psychiatrist</td> <td>19 <input type="checkbox"/> Computer (Hardware/Software/Systems)</td> </tr> <tr> <td>05 <input type="checkbox"/> Polygraph</td> <td>20 <input type="checkbox"/> Paralegal Services</td> </tr> <tr> <td>06 <input type="checkbox"/> Document Examiner</td> <td>21 <input type="checkbox"/> Legal Consultant</td> </tr> <tr> <td>07 <input type="checkbox"/> Fingerprint Analyst</td> <td>22 <input type="checkbox"/> Mitigation Specialist</td> </tr> <tr> <td>08 <input type="checkbox"/> Accountant</td> <td>23 <input type="checkbox"/> Duplication Services (See Instructions)</td> </tr> <tr> <td>09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)</td> <td>24 <input type="checkbox"/> Other (Specify)</td> </tr> <tr> <td>10 <input type="checkbox"/> Chemist/Toxicologist</td> <td></td> </tr> <tr> <td>11 <input type="checkbox"/> Ballistics</td> <td></td> </tr> <tr> <td>12 <input type="checkbox"/> Firearms/Explosive</td> <td></td> </tr> <tr> <td>13 <input type="checkbox"/> Weapons/Firearms/Explosive</td> <td></td> </tr> <tr> <td>14 <input type="checkbox"/> Pathologist/Medical Examiner</td> <td></td> </tr> </table>		01 <input type="checkbox"/> Investigator	16 <input type="checkbox"/> Other Medical	02 <input checked="" type="checkbox"/> Interpreter/Translator	17 <input type="checkbox"/> Voice/Audio Analyst	03 <input type="checkbox"/> Psychologist	18 <input type="checkbox"/> Hair/Fiber Expert	04 <input type="checkbox"/> Psychiatrist	19 <input type="checkbox"/> Computer (Hardware/Software/Systems)	05 <input type="checkbox"/> Polygraph	20 <input type="checkbox"/> Paralegal Services	06 <input type="checkbox"/> Document Examiner	21 <input type="checkbox"/> Legal Consultant	07 <input type="checkbox"/> Fingerprint Analyst	22 <input type="checkbox"/> Mitigation Specialist	08 <input type="checkbox"/> Accountant	23 <input type="checkbox"/> Duplication Services (See Instructions)	09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)	24 <input type="checkbox"/> Other (Specify)	10 <input type="checkbox"/> Chemist/Toxicologist		11 <input type="checkbox"/> Ballistics		12 <input type="checkbox"/> Firearms/Explosive		13 <input type="checkbox"/> Weapons/Firearms/Explosive		14 <input type="checkbox"/> Pathologist/Medical Examiner	
01 <input type="checkbox"/> Investigator	16 <input type="checkbox"/> Other Medical																														
02 <input checked="" type="checkbox"/> Interpreter/Translator	17 <input type="checkbox"/> Voice/Audio Analyst																														
03 <input type="checkbox"/> Psychologist	18 <input type="checkbox"/> Hair/Fiber Expert																														
04 <input type="checkbox"/> Psychiatrist	19 <input type="checkbox"/> Computer (Hardware/Software/Systems)																														
05 <input type="checkbox"/> Polygraph	20 <input type="checkbox"/> Paralegal Services																														
06 <input type="checkbox"/> Document Examiner	21 <input type="checkbox"/> Legal Consultant																														
07 <input type="checkbox"/> Fingerprint Analyst	22 <input type="checkbox"/> Mitigation Specialist																														
08 <input type="checkbox"/> Accountant	23 <input type="checkbox"/> Duplication Services (See Instructions)																														
09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)	24 <input type="checkbox"/> Other (Specify)																														
10 <input type="checkbox"/> Chemist/Toxicologist																															
11 <input type="checkbox"/> Ballistics																															
12 <input type="checkbox"/> Firearms/Explosive																															
13 <input type="checkbox"/> Weapons/Firearms/Explosive																															
14 <input type="checkbox"/> Pathologist/Medical Examiner																															

**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	ADDITIONAL REVIEW
a. Compensation <b>144 hrs @ 47</b>	<b>6768</b>	<b>144 x 47 =</b>	<b>96</b>
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			<b>4512.00</b>
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>			<b>2256.00</b>

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 8/9/04 TO 8/20/04  
 CLAIM STATUS  Final Payment  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 Judge [Signature] Date 8/20/04

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.  
 Signature of Bruce G. Houie Date 9/8/04

**APPROVED FOR PAYMENT - COURT USE ONLY**

19. TOTAL COMPENSATION <b>6768.00</b>	20. TRAVEL EXPENSES <b>(-2256 w/14)</b>	21. OTHER EXPENSES <b>=</b>	22. TOTAL AMOUNT APPROVED/CERTIFIED <b>4512.00</b>
---------------------------------------	---	-----------------------------	--

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: [Signature] Date: 9/7/04 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 \_\_\_\_\_

**RECEIVED**  
9-10-04

**FILE COPY**