

1. CIR./DIST./DIV. CODE FLM		2. PERSON REPRESENTED Ballut Ghassan Zayed		VOUCHER NUMBER 03071-07-LLS06	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 8-03-000077-007		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) US vs Ballut		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 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 1962-3300F 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 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. Howie* Date: 9/9/04

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. Howie St Petersburg FL 33707
5720 Central Ave Telephone 727 344 1111

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) Hebrew Translation/Cataloging of FISA tapes/documents per order of 4/16/04 (Doc 508)		14. TYPE OF SERVICE PROVIDER CJA PAYMENT RECORD																													
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 (Specify)</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/Bot 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"/> Legal Services</td> </tr> <tr> <td>06 <input type="checkbox"/> Documents Examiner</td> <td>21 <input type="checkbox"/> Jury 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"/> Criminal Forensicologist</td> <td></td> </tr> <tr> <td>11 <input type="checkbox"/> Ballistics</td> <td></td> </tr> <tr> <td>12 <input type="checkbox"/> Weapons/Firearms/Explosives</td> <td></td> </tr> <tr> <td>13 <input type="checkbox"/> Forensic Medical Examiner</td> <td></td> </tr> <tr> <td>14 <input type="checkbox"/> Forensic Medical Examiner</td> <td></td> </tr> </table>		01 <input type="checkbox"/> Investigator	16 <input type="checkbox"/> Other (Specify)	02 <input checked="" type="checkbox"/> Interpreter/Translator	17 <input type="checkbox"/> Voice/Audio Analyst	03 <input type="checkbox"/> Psychologist	18 <input type="checkbox"/> Hair/Bot Expert	04 <input type="checkbox"/> Psychiatrist	19 <input type="checkbox"/> Computer (Hardware/Software/Systems)	05 <input type="checkbox"/> Polygraph	20 <input type="checkbox"/> Legal Services	06 <input type="checkbox"/> Documents Examiner	21 <input type="checkbox"/> Jury 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"/> Criminal Forensicologist		11 <input type="checkbox"/> Ballistics		12 <input type="checkbox"/> Weapons/Firearms/Explosives		13 <input type="checkbox"/> Forensic Medical Examiner		14 <input type="checkbox"/> Forensic Medical Examiner	
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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 133hrs @ 47	6251	133 x 47	887
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):			4169.00

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 8/11/04 TO 9/7/04

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 *Richard J. ...* Date 9/7/04

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

Signature of *Bruce G. Howie* Date 9/9/04

APPROVED FOR PAYMENT - COURT USE ONLY

19. TOTAL COMPENSATION 6251.00	20. TRAVEL EXPENSES (-2082 w/h)	21. OTHER EXPENSES =	22. TOTAL AMOUNT APPROVED/CERTIFIED 4169.00
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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: *Jim J. ...* Date: 9/7/04 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. § 3006A(e)(3)

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

RECEIVED
9/14/04

FILE COPY