

FILED

1. CIR./DIST./DIV. CODE FLM	2. PERSON REPRESENTED Ballut, Ghassan Zaid	VOUCHER NUMBER 03977-07-LL807
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"/> Misdemeanor <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other
		10. REPRESENTATION TYPE (See Instructions)

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 USC 1962-3300 F-1100 - 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) Arabic translation of FISA tapes per order of 4/16/04 (Doc 508)	14. TYPE OF SERVICE PROVIDER																												
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/Body 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"/> Document Examiner</td> <td>21 <input type="checkbox"/> Duty 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/Leads, etc)</td> <td>24 <input type="checkbox"/> Other (Specify)</td> </tr> <tr> <td>10 <input type="checkbox"/> Chemical Forensic</td> <td></td> </tr> <tr> <td>11 <input type="checkbox"/> Ballistics</td> <td></td> </tr> <tr> <td>12 <input type="checkbox"/> Weapons/Firearms/Explosive</td> <td></td> </tr> <tr> <td>13 <input type="checkbox"/> Pathologist/Medical Examiner</td> <td></td> </tr> <tr> <td>14 <input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>DATE 9/15/04 ENTERED 9/15/04 CERTIFIED 9/23/04 VERIFIED 9/23/04</p>	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/Body 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"/> Document Examiner	21 <input type="checkbox"/> Duty 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/Leads, etc)	24 <input type="checkbox"/> Other (Specify)	10 <input type="checkbox"/> Chemical Forensic		11 <input type="checkbox"/> Ballistics		12 <input type="checkbox"/> Weapons/Firearms/Explosive		13 <input type="checkbox"/> Pathologist/Medical Examiner		14 <input type="checkbox"/> Other	
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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 148 @ 47	6956	148 x 43 =	99.0
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):			4653.00

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 **8/23/04** TO **9/3/04**

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 Linda Jones Date: 9/3/04

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	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED
6956.00	(-2303 w/4)	=	4653.00

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: 9-17-04 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
9-14-04

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