

1. CIR./DIST./DIV. CODE FLM	2. PERSON REPRESENTED Al-Arian, Saad Amin	V. OTHER NUMBER
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 8:03-000077-001	5. APPEALS DKT./DEF. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Al-Arian	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant
		6. OTHER DKT. NUMBER FILED
		10. REPRESENTATION TYPE (See Instructions) Criminal Case

03 APR - 4 PM 4:41

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) 18 956.F - CONSPIRACY TO INJURE PROPERTY OF FOREIGN GOVERNMENT

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS
Brown, Jeffrey G.
777 Alderman Road
Palm Harbor FL 34683

Telephone Number: (727) 786-8686

13. COURT ORDER
 O Appointing Counsel
 F Sub For Federal Defender
 P Sub For Panel Attorney
 C Co-Counsel
 R Sub For Retained Attorney
 Y Standby Counsel

MIDDLE DISTRICT OF FLORIDA
TAMPA, FLORIDA

Prior Attorney's Name: _____
Appointment Date: _____

Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or

Other (See Instructions)
Signature of Providing Judicial Officer or By Order of the Court
Date of Order: 04/07/2003
Name Pro Tunc Date: _____

14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)

Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES NO

CATEGORIES (Attach Itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(Rate per hour = \$) TOTALS:					
16. a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____
 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION
 21. CASE DISPOSITION

22. CLAIM STATUS Final Payment Interim Payment Number _____ Supplemental Payment
 Have you previously applied to the court for compensation and/or reimbursement for this case? YES NO If yes, were you paid? YES NO
 Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets.
 I swear or affirm the truth or correctness of the above statements.

Signature of Attorney: _____ Date: _____

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		DATE		28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.		DATE		34a. JUDGE CODE

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