

1. CIR./DIST./DIV. CODE FLM	2. PERSON REPRESENTED Al-Arian, Sam 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
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.		10. REPRESENTATION TYPE (See Instructions) Criminal Case

FILED

03 APR -7 PM 4:41

COURT
MIDDLE DISTRICT OF FLORIDA
TAMPA, FLORIDA

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix)
AND MAILING ADDRESS
Loudenback, Frank
150 Second Avenue North
Suite 840
St. Petersburg FL 33701

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

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 Presiding Judicial Officer or By Order of the Court
 Date of Order: 04/07/2003
 Name Pro Tunc Date: _____

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

Telephone Number: (727) 896-2147

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

CATEGORIES (Attach Memorization 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. Appeal 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
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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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