

Ghassan Zayed Ballot

SCJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 5/99)

1. CIR/DIST/DIV. CODE	2. PERSON REPRESENTED <u>Same as Oriana et al</u>	VOUCHER NUMBER <u>TPA2103-286-01</u>
3. MAG. DKT/DEF. NUMBER	4. DIST. DKT/DEF. NUMBER <u>1:03-CC-77-T-30TBM</u>	5. APPELLS DKT/DEF. NUMBER
6. OTHER DKT. NUMBER	7. IN CASE/MATTER OF (Case Name) <u>United States v. Sami Amin Al-Arian et al</u>	8. PAYMENT CATEGORY <input checked="" 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) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee	

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.*
18 USC §§ 1962(d), 1956(a)(1), 1955(a), 1963

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) See Order, Dkt. 207

Signature of Attorney: Bruce G. Howie Date: October 5, 2003

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
5720 Central Avenue, St. Petersburg FL 33707 Telephone: (727) 344-1111

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)
Court order of 7/21/2003 signed by United States District Judge, James Moody, Dkt 207 - paralegal services

14. TYPE OF SERVICE PROVIDER
CJA PAYMENT RECORD
 DATE: 10-21-03
 VERIFIED: 10-30-03

01 <input type="checkbox"/> Investigator	15 <input type="checkbox"/> Court Reporter
02 <input type="checkbox"/> Interpreter/Translator	16 <input type="checkbox"/> Voice/Audio Analyst
03 <input type="checkbox"/> Psychologist	17 <input type="checkbox"/> Hair/Fiber Expert
04 <input type="checkbox"/> Psychiatrist	18 <input type="checkbox"/> Computer (Hardware/Software/Systems)
05 <input type="checkbox"/> Polygraph	19 <input checked="" type="checkbox"/> Paralegal Services
06 <input type="checkbox"/> Forensic Examiner	20 <input type="checkbox"/> Court Interpreter
07 <input type="checkbox"/> Fingerprint Analyst	21 <input type="checkbox"/> Jury Consultant
08 <input type="checkbox"/> Accountant	22 <input type="checkbox"/> Mitigation Specialist
09 <input type="checkbox"/> CALR (Westlaw/Lexis)	23 <input type="checkbox"/> Duplication Services (See Instructions)
10 <input type="checkbox"/> Crime Laboratory	24 <input type="checkbox"/> Other (Specify)
11 <input type="checkbox"/> Ballistics	
12 <input type="checkbox"/> Weapons/Firearms Laboratory	
14 <input type="checkbox"/> Pathology/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 <u>101.4 x 25</u>	<u>2535.00</u>	<u>2535.00</u>	
b. Travel Expenses (lodging, parking, meals, mileage, etc.)	<u>191.20</u>	<u>191.26</u>	
c. Other Expenses	<u>43.94</u>	<u>43.94</u>	
GRAND TOTALS CLAIMED AND ADJUSTED:	<u>2770.14</u>	<u>2770.20</u>	

17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS
Brooke V. Elvington
1743 Audrey Drive
Clearwater, FL 33759

TIN: ~~XXXXXXXXXX~~
 Telephone: 727-723-7749

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM 9/4/2003 TO 10/03/2003

CLAIM STATUS Final Payment Interim Payment Number 01 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 [Signature] Date: 10/3/2003

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

Signature of Bruce G. Howie Date: October 5, 2003

APPROVED FOR PAYMENT - COURT USE ONLY			
19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED
<u>2535.00</u>	<u>191.26</u>	<u>43.94</u>	<u>2770.20 = 247.50</u>

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, it is found that timely procurement of these necessary services could not await prior authorization, even if such authorization had been obtained.

Signature of James S. Moody Date: 22 Oct 2003 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 _____

FILE COPY 362