

1 CIR./DIST./DIV CODE
FLM

2 PERSON REPRESENTED
Ballut, Ghassan Zayed

3. MAG. DKT./DEF. NUMBER

4. DIST. DKT./DEF. NUMBER
8:03-000077-007

5. APPEALS DKT./DEF. NUMBER

6. OTHER DKT NUMBER

7. IN CASE/MATTER OF (Case Name)
USA v Al-Arian, et al

8. PAYMENT CATEGORY
Felony

9. TYPE PERSON REPRESENTED
Adult Defendant

10. REPRESENTATION TYPE (See Instructions)
Criminal Case

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 1962-3300.F -- RICO - INTERSTATE COMMERCE

OTHER NUMBER
TPA 2103-286-03

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 \$ _____ OR
 Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$300)

Signature of Attorney: Bruce G. Howie Date: 11/6/03

Panel Attorney Retained Atty Pro-Se Legal Organization

Attorney's name (First name, Middle initial, last name, including suffix) and mailing address:
BRUCE G. HOWIE
5720 CENTRAL AVE.
ST. PETERSBURG, FL 33707

Telephone Number: 727-344-1111

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)
Paralegal services

14. TYPE OF SERVICE PROVIDER

01 <input type="checkbox"/> Investigator	20 <input type="checkbox"/> Legal Analyst/Consultant
02 <input type="checkbox"/> Interpreter/Translator	21 <input type="checkbox"/> Miscellaneous Services
03 <input type="checkbox"/> Psychologist	22 <input type="checkbox"/> Duplication Services (See Instructions)
04 <input type="checkbox"/> Psychiatrist	23 <input type="checkbox"/> Other (Specify)
05 <input type="checkbox"/> Polygraph Examiner	24 <input type="checkbox"/> Other (Specify)
06 <input type="checkbox"/> Documents Examiner	
07 <input type="checkbox"/> Fingerprint Analyst	
08 <input type="checkbox"/> Accountant	
09 <input type="checkbox"/> CALR (Westlaw/LEXIS)	
10 <input type="checkbox"/> Chemist/Toxicologist	
11 <input type="checkbox"/> Ballistics Expert	
12 <input type="checkbox"/> Weapons/Firearms Examiner	
13 <input type="checkbox"/> Pathologist/Medical Examiner	
14 <input type="checkbox"/> Other Medical Expert	
15 <input type="checkbox"/> Voice/Audio Analyst	
16 <input type="checkbox"/> Hair/Fiber Expert	
17 <input type="checkbox"/> Computer (Hardware/Software/Systems)	
18 <input type="checkbox"/> Paralegal Services	
19 <input type="checkbox"/> Paralegal Services	

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.

by order (#207) by JSM jo
Signature of Presiding Judicial Officer or By Order of the Court

Date of Order: 7-2-3 Nunc Pro Tunc Date

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

CJA PAYMENT RECORD

DATE BY

ENTERED 11-24-03 JC

RECEIVED 12-8-03 JC

VERIFIED 12/10/03 WR

CLAIM FOR SERVICES AND EXPENSES

16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a Compensation	1515.00	60.6 x 23 = 40	1000.00
b Travel Expenses (lodging, parking, meals, mileage, etc)	67.36		67.36
c Other Expenses	00.00		
GRAND TOTAL AMT CLAIMED AND ADJUSTED:	1582.36		1067.36

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

TIN: on file Telephone Number: 727-723-7749

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM 10/21/03 TO 11/5/03

CLAIM STATUS Final Interim Payment Number 03 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 Claimant/Payee: Brooke Evington Date: 11/5/03

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

Signature of Attorney: Bruce G. Howie Date: 11/6/03

APPROVED FOR PAYMENT - COURT USE ONLY

19. TOTAL COMPENSATION 1515.00	20. TRAVEL EXPENSES 67.36	21. OTHER EXPENSES -	22. TOT. AMT APPROVED/CERTIFIED 1582.36
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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: J. S. [Signature] Date: 2 Dec. 03 Judge/Mag. Judge Code: 3A30

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
			-515 WH = 1067.36

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 001-398