

APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. JURISDICTION 1 <input type="checkbox"/> MAG. 2 <input type="checkbox"/> DIST. 3 <input checked="" type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER		2. MAG. DOCKET NO.	3. DIST. CT. DOCKET NO. CV-02-1896-PHX-RCB	VOUCHER NO. 1011534
4. APPEALS DOCKET NO. 05-16643	5. FOR (DISTRICT/CIRCUIT) Ninth Circuit	6. LOC. CODE CAUSE	7. CHARGE/OFFENSE (U.S. or other code citation) Appeal <input checked="" type="checkbox"/>	7A. CASE CODE
8. IN THE CASE OF Shadid vs Dora Schriro; et al.,		9. PERSON REPRESENTED (FULL NAME) Alfred Philip Shadid		9A. NO. REPRES. 1
10. PERSON REPRESENTED (STATUS) 1 <input type="checkbox"/> DEFENDANT-ADULT 3 <input checked="" type="checkbox"/> APPELLANT 5 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT-JUVENILE 4 <input type="checkbox"/> APPELLEE		11. PROCEEDINGS (Describe briefly) Appeal		DEC 6 2005
12. PAYMENT CATEGORY A <input type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input type="checkbox"/> OTHER B <input type="checkbox"/> MISDEMEANOR D <input checked="" type="checkbox"/> APPEAL		13. COURT ORDER O <input checked="" type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty. Name of prior panel attorney _____ Appt. Date _____ Voucher No. _____		
14. FULL NAME OF ATTORNEY/PAYEE (First Name, M.I., Last Name, Including Suffix) AND MAILING ADDRESS Michele Moretti, Esq. 7671 SW 117th Place Lake Butler, Florida 32054		15. WORK PHONE 386-496-0701		
16. SOCIAL SECURITY NO. (Only provide per instructions)		16A. Does the attorney have the preexisting agreement (see instructions) with a corporation, including a professional corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16B. EMPLOYER I.D. NO. (Only provide per instructions)		16D. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) same as #14		
<p>NINTH CIRCUIT APPELLATE COMMISSIONER HAS ORDERED</p> <p>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 14 is appointed to represent this person in this case.</p> <p><i>[Signature]</i> Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy)</p> <p><i>12/5/05</i> Dec. 1, 2005 Date of Order Nunc Pro Tunc Date</p>				

CLAIM FOR SERVICES OR EXPENSES

	SERVICE	HOURS	DATES		
IN COURT	a. Arraignment and/or Plea			Multiply rate per hour times total hours to obtain "In Court" compensation. Enter total below. 17A. TOTAL IN COURT COMP.	
	b. Bail and Detention Hearings				
	c. Motions Hearings				
	d. Trial				
	e. Sentence Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
	(Rate per hour = _____) TOTAL HOURS = _____			\$ _____	
OUT OF COURT	a. Interviews and conferences			Multiply rate per hour times total hours. Enter total "out of court" compensation below. 18A. TOTAL OUT OF COURT COMP.	
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time (Specify on additional sheets)				
	e. Investigative and other work (Specify on additional sheets)				
	(Rate per hour = _____) TOTAL HOURS = _____			\$ _____	
EXPENSES	TRAVEL, LODGING, MEALS ETC.	AMOUNT	OTHER EXPENSES	AMOUNT	19A. TOTAL TRAVEL EXP. \$ _____ 19B. TOTAL OTHER EXP. \$ _____ 20. GRAND TOTAL CLAIMED \$ _____

21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD _____ TO _____

F Final Payment I Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? YES NO
 If yes, were you paid? YES NO If yes, by whom where you paid? _____ How much? _____ Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide 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/PAYEE		DATE	
22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSE	25. OTHER EXPENSES
\$ _____	\$ _____	\$ _____	\$ _____
27. SIGNATURE OF PRESIDING JUDICIAL OFFICER		DATE	
28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE)		DATE	
		26. TOTAL AMT. APPROVED/CERT. \$ _____	
		27A. JUDGE/MAG. CODE	
		29. TOTAL AMT. APPROVED \$ _____	