

U.S. COURT OF APPEALS AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE ALM	2. PERSON REPRESENTED Navarro-Falcon, Leticia	VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 3:06-000068-002	5. APPEALS DKT./DEF. NUMBER
6. OTHER DKT. NUMBER	7. IN CASE/MATTER OF (Case Name) U.S. v. Navarro-Falcon	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) 42 408.F -- MISUSE OF SOCIAL SECURITY NUMBER

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS  
KEITH, RICHARD K.  
235 S. MCDONOUGH ST.  
MONTGOMERY AL 36104  
  
Telephone Number: (334) 264-6776

13. COURT ORDER  
 O Appointing Counsel  
 F Subs For Federal Defender  
 P Subs For Panel Attorney  
 C Co-Counsel  
 R Subs 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 \_\_\_\_\_ Officer or By Order of the Court  
 Date of Order: 3/15/2006  
 Nunc Pro Tunc Date

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

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

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
I n C o u r t	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:						
O u t o f C o u r t	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