

1. CIR./DIST./DIV. CODE MAX	2. PERSON REPRESENTED TSARNAEV, DZHOKHAR	VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER 1:13-002106-001	4. DIST. DKT./DEF. NUMBER 1:13-010200-001	5. APPEALS DKT./DEF. NUMBER
6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) US v. TSARNAEV		8. TYPE PERSON REPRESENTED Adult Defendant
		9. REPRESENTATION TYPE Federal Capital Prosecution

10. 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 2332A.F -- USE OF CERTAIN WEAPONS OF MASS DESTRUCTION

11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS  BRUCK, DAVID ISAAC 113 White Street Lexington VA 24450-1911  Telephone Number: (540) 458-8188	12. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input checked="" type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel  Prior Attorney's Name: _____ Appointment Date: _____  (A) 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 11, who has been determined to possess the specific qualifications required by law, is appointed to represent this person in this case. (B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL Name of Co-Counsel or Lead Counsel: _____ Appointment Date: _____  (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead counsel or co-counsel). <input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order. /s/ Henry Tran _____ Signature of Presiding Judicial Officer or By Order of the Court 02/21/2014 _____ Date of Order Nunc Pro Tunc Date (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

**CLAIM FOR SERVICES AND EXPENSES**

14. STAGE OF PROCEEDING  
 Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.

<b>CAPITAL PROSECUTION</b>	<b>HABEAS CORPUS</b>	<b>OTHER PROCEEDING</b>
a. <input type="checkbox"/> Pre-Trial b. <input type="checkbox"/> Trial c. <input type="checkbox"/> Sentencing d. <input type="checkbox"/> Other Post Trial	e. <input type="checkbox"/> Appeal f. <input type="checkbox"/> Petition for the U.S. Supreme Court g. <input type="checkbox"/> Habeas Petition h. <input type="checkbox"/> Evidentiary Hearing i. <input type="checkbox"/> Dispositive Motions j. <input type="checkbox"/> Appeal	k. <input type="checkbox"/> Petition for the U.S. Supreme Court l. <input type="checkbox"/> Stay of Execution m. <input type="checkbox"/> Appeal of Denial of Stay n. <input type="checkbox"/> Writ of Certiorari to the U.S. Supreme Court o. <input type="checkbox"/> Other (specify) _____ p. <input type="checkbox"/> Clemency

HOURS AND COMPENSATION CLAIMED			FOR COURT USE ONLY		
15. CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. In-Court Hearings (Rate per Hour = \$ )				IN COURT TOTAL (Category a)	IN COURT TOTAL (Category a)
b. Interviews and Conferences with Client					
c. Witness Interviews				OUT OF COURT TOTAL (Categories b - j)	OUT OF COURT TOTAL (Categories b - j)
d. Consultation with Investigators and Experts					
e. Obtaining and Reviewing the Court Record					
f. Obtaining and Reviewing Documents and Evidence					
g. Consulting with Expert Counsel					
h. Legal Reserach and Writing					
i. Travel					
j. Other (Specify on additional sheets)					
Totals: Categories b thru j (Rate per hour = \$ )					

CLAIM FOR TRAVEL AND EXPENSES (Attach itemization of expenses with dates)					
16. Travel Expenses (lodging, parking, meals, mileage, etc.)					
17. Other Expenses (other than expert, transcripts, etc.)					
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>					

18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____	19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	20. CASE DISPOSITION
--	--	----------------------

21. 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: \_\_\_\_\_

APPROVED FOR PAYMENT -- COURT USE ONLY					
22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED	
27. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	27a. JUDGE CODE	