

1. CREDIT/DEBIT CODE KYE		2. PERSON REPRESENTED Phillips, Travis C.		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 6:05-070094-002		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. Phillips		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 113A.F -- ASSAULT WITH INTENT TO MURDER (MARITIME) -- R/ in serious bodily injury w/mc	
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: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation: \$ _____ OR <input checked="" type="checkbox"/> 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 \$500) Signature of Attorney: <u>Willis D. C.</u> Date: <u>10/10/02</u> <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Atty <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.					
Telephone Number: _____					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions) Expert on Prison Culture / Corrections needed for trial. Case settled before he testified.				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"/> Jury Consultant 03 <input type="checkbox"/> Psychologist 22 <input type="checkbox"/> Mitigation Specialist 04 <input type="checkbox"/> Psychiatrist 23 <input type="checkbox"/> Duplication Services (See Instructions) 05 <input type="checkbox"/> Polygraph Examiner 24 <input checked="" type="checkbox"/> Other (specify) 06 <input type="checkbox"/> Documents Examiner <u>Corrections expert</u> 07 <input type="checkbox"/> Fingerprint Analyst 08 <input type="checkbox"/> Accountant 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc) 10 <input type="checkbox"/> Chemist/Toxicologist 11 <input type="checkbox"/> Ballistics Expert 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 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	
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. Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO					
CLAIM FOR SERVICES AND EXPENSES				FOR COURT USE ONLY	
16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation		14,100			
b. Travel Expenses (lodging, parking, meals, mileage, etc.)		0			
c. Other Expenses		0			
GRAND TOTALS (CLAIMED AND ADJUSTED):		14,100			
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS <u>Edward S. Bates</u> <u>Federal Prison Expert</u> TIN: <u>145-50-2186</u> Telephone Number: <u>386-9119 x12</u> CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> 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: <u>ESB</u> Date: <u>10/10/02</u>					
18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case. Signature of Attorney: _____ Date: _____					
APPROVED FOR PAYMENT - COURT USE ONLY					
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES	
22. TOT. AMT APPROVED/CERTIFIED		23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> 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 \$500.		Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____	
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 _____			

STATE case Adjudicated Expert Submission