

1. CIR./DIST./DIV. CODE NMX	2. PERSON REPRESENTED Quaintance, Danuel Dean	VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 2:06-000538-004	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Quaintance	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) 21 841A=MD.F -- MARIJUANA - SELL, DISTRIBUTE, OR DISPENSE

12. ATTORNEY'S NAME (First Name, M.L., Last Name, including any suffix)
AND MAILING ADDRESS
 HERRERA, JERRY DANIEL
 509 13th Street S.W.
 ALBUQUERQUE NM 87102

Telephone Number: (505) 262-1003

13. COURT ORDER

<input checked="" type="checkbox"/> O Appointing Counsel	<input type="checkbox"/> C Co-Counsel
<input type="checkbox"/> F Subs For Federal Defender	<input type="checkbox"/> R Subs For Retained Attorney
<input type="checkbox"/> P Subs For Panel Attorney	<input type="checkbox"/> 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 Presiding Judicial Officer or By Order of the Court
Gregory T. Sami
 Date of Order 05/17/2007 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)

CLAIM FOR SERVICES AND EXPENSES **FOR COURT USE ONLY**

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.)					
GRAND TOTALS (CLAIMED AND ADJUSTED)					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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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 or 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

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