## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE NMX	7. CODE 2. PERSON REPRESENTED Quaintance, Mary Helen					VOUCHER NUMBER				
3, MAG, DKT/DEF, NUMBER 2:06-003655-001		4. DIST. DKT/I 2:06-0005	5, APPE	ALS DKT/DI	EF. NUMBI	ER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name)		8. PAYMENT CATEGORY		9. TYPE	PERSON RE	PRESENT	ED	10. REPRESENTATION TYPE (See Instructions)		
U.S. v. Kripner	Felony		Adult Defendant			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.I., Last Name, including any suffix) AND MAILING ADDRESS ROBBENHAAR, JOHN 1011 LOMAS BLVD NW ALBUQUERQUE NM 87102  Telephone Number:				13. COURT ORDER    O Appointing Counsel   C Co-Counsel						
	(MEKARTERIO) PERI	ALAMINIST AND A	agogae.				ij	OR COURT USE	(03)64	
CATEGORIES (Attac	h itemization of se	ervices with dates)	L CI	HOURS LAIMED	TOTAL AMOUNT CLAIMEI	MA AD	TH/TECH JUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	
15. a. Arraignment and	/or Plea									
b. Bail and Detention Hearings										
c. Motion Hearings										
I d. Trial										
C e. Sentencing Hearings					F-1					
o f. Revocation Hearings										
r g. Appeals Court										
h. Other (Specify on additional sheets)							2007			
(Rate per hour = \$ ) TOTALS:										
16. a. Interviews and Conferences										
b. Obtaining and reviewing records			·	11/2/2019						
c. Legal research and brief writing										
d. Travel time								4		
e. Investigative and Other work (Specify on additional sheets)										
(Rate per hour = \$ ) TOTALS:										
17. Travel Expenses		g, meals, mileage, e	9/2010							
18. Other Expenses (other than expert, transcripts, etc.)							-			
(ADAND) (QANAKA (GENALVISIO AND NATUNADI) (SARBO))										
						APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION  21. CASE DISPOSITION				
22. CLAIM STATUS   Final Payment   Interim Payment Number   Supplemental Payment Payment   Have you previously applied to the court for compensation and/or remimbursement 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:										
	44 07:50		A STATE OF THE PROPERTY OF THE	WANTED AND THE PROPERTY OF THE PARTY OF THE	Marie Land Committee	33000 A 430 A 440 A	ADDVICES	27 505	L AMT, APPR / CERT	
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL I				EXPENSES						
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER					DATE 28a. JUDGE/MAG. JUDGE COI			., MAG. JODGE CODE		
29. IN COURT COMP.	29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL F					32. OTHER EXPENSES 33. TOTAL AMT. APPROVED			L 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				