

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE NMX	2. PERSON REPRESENTED Quaintance, Mary Helen	VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER 2:06-003655-001	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) U.S. v. Kripner	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 top or two 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
 ESPARZA, MARIO A.
 P.O. BOX 2468
 LAS CRUCES NM 88004

Telephone Number: (505) 524-8312

13. COURT ORDER

C Standby Counsel C Co-Counsel
 F Sub For Federal Defender R Sub For Retained Attorney
 P Sub For Panel Attorney Y Standby Counsel

Prior Appointment Name: _____
 Appointment Date: _____

Because the above-named person represented has testified under oath or has otherwise advised this court that he or she (1) is financially unable to employ counsel and (2) consents to waive counsel, and because the interests of justice so require, the attorney appointment applicant from Item 12 is appointed to represent this person in this case.
 Other (per instructions)

Approved by Presiding Judicial Officer or By Order of the Court

 02/24/2006
 Nunc Pro Tunc Date
 Requesting partial repayment ordered from the person represented for this service at time of payment. YES NO

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
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 = \$ 92) TOTALS:					
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 = \$ 92) 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 OR OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. CLAIM STATUS Final Payment Interim Payment Number _____

Have you previously applied to the court for compensation and/or reimbursement for this case? 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