SCJA 30 DEATH PENALTY PROCEEDINGS: APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev.12/03) 1. CIR./DIST./ DIV. CODE 2. PERSON REPRESENTED 6. OTHER DKT. NUMBER 3. MAG. DKT./DEF. NUMBER 4. DIST. DKT./DEF. NUMBER 5. APPEALS DKT./DEF. NUMBER 7. IN CASE/MATTER OF (Case Name) TYPE PERSON REPRESENTED 9. REPRESENTATION TYPE ☐ Adult Defendant □ Appellant □ Other □D1 28 U.S.C. § 2254 Habeas (Capital) □□3 28 U.S.C. § 2255 (Capital) ☐ Habeas Petitioner ☐ Appellee D2 Federal Capital Prosecution ☐ D4 Other (Specify) 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 11. ATTORNEY'S NAME (First Name, M.I., Last Name, 12. COURT ORDER: including any suffix), AND MAILING ADDRESS O Appointing Counsel ☐ C Co-Counsel ☐ F Subs For Federal Defender R Subs For Retained Attorney ☐ P Subs For Panel ☐ Y Standby Counsel Prior Attorney's Appointment Date: (A) Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or shi (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 by law. is appointed to represent the person in this case. (B) The attorney named in Item 11 is appointed to serve as: ☐ LEAD COUNSEL ☐ CO-COUNSEL Telephone Number: Name of Co-Counsel NAME AND MAILING ADDRESS OF LAW FIRM 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 (Only provide per instructions) a listing of those proceedings and describe your role in each (e.g., lead in counsel or co-counsel). (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation fulltime, for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order Signature of Presiding Judge or By Order of the Court Nunc Pro Tunc Date Date of Order (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. \sqcap YES \square 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 CAPITAL PROSECUTION HABEAS CORPUS OTHER PROCEEDING Pre-Trial ☐ Habeas Petition Petition for the 1. ☐ Stay of Execution o.

Other Appeal Appeal of Denial of Stay b. Trial f 🗌 Petition for the h Evidentiary Hearing U.S. Supreme Sentencing U.S. Supreme Court i. Dispositive Motions Writ of Certiorari n. П Petition for Writ of Certiorari to the U.S. d. 🔲 Other Post Trial Writ of Certiorari Appeal Supreme Court Regarding Denial of Stay П HOURS AND COMPENSATION CLAIMED FOR COURT USE ONLY 15. MATH/TECH. MATH/TECH. TOTAL HOURS ADDITIONAL AMOUNT ADJUSTED ADJUSTED CATEGORIES (Attach itemization of services with dates) CLAIMED REVIEW CLAIMED HOURS AMOUNT a. In-Court Hearings (RATE PER HOUR = \$ IN COURT IN COURT TOTAL TOTAL b. Interviews and Conferences with Client Category a Category a Witness Interviews d. Consultation with Investigators & Experts e. Obtaining & Reviewing the Court Record f. Obtaining & Reviewing Documents and Evidence OUT OF COURT OUT OF COURT TOTAL TOTAL g. Consulting with Expert Counsel Categories b-j Categories b-j h. Legal Research 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) Travel Expenses (lodging, parking, meals, mileage, etc.) Other Expenses (other than expert, transcripts, etc.) GRAND TOTALS (CLAIMED AND ADJUSTED): 18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE APPOINTMENT TERMINATION DATE 20. CASE DISPOSITION IF OTHER THAN CASE COMPLETION FROM: TO: 21. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number ☐ Supplemental Payment \square YES \square NO If yes, were you paid? \Box YES Have you previously applied to the court for compensation and/or reimbursement for this 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 \square 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 JUDGE 27a. JUDGE CODE DATE