

1. CIR./DIST./DIV. CODE ALN  
 2. PERSON REPRESENTED Rudolph, Eric Robert  
 VOUCHER NUMBER  
 3. MAG. DKT./DEF. NUMBER  
 4. DIST. DKT./DEF. NUMBER 2:00-000422-001  
 5. APPEALS DKT./DEF. NUMBER  
 6. OTHER DKT. NUMBER  
 7. IN CASE/MATTER OF (Case Name) U.S. v. Rudolph  
 8. TYPE PERSON REPRESENTED Adult Defendant  
 9. REPRESENTATION TYPE Federal Capital Prosecution

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.  
 1) 18 8441.F -- PENALTIES - IF DEATH RESULTS

11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS  
 Burt, Michael N.  
 Suite 329-E  
 600 Townsend Street  
 San Francisco CA 94103  
 Telephone Number: (415) 522-1508

12. COURT ORDER  
 O Appointing Counsel  
 F Subs For Federal Defender  
 P Subs For Panel Attorney  
 C Co-Counsel  
 R Subs For Retained Attorney  
 Y Standby Counsel  
 Prior Attorney's Name: \_\_\_\_\_  
 Appointment Date: \_\_\_\_\_

(A) Because the above-named person represented has testified under oath or has otherwise satisfied the court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel and the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications required by law, is appointed to represent this person in this case.  
 (B) The attorney named in Item 11 is appointed to serve as:  LEAD COUNSEL  CO-COUNSEL  
 Name of Co-Counsel 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 a listing of those proceedings and describe your role in each (e.g., lead counsel or co-counsel).  
 (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time for such a period, without compensation, interim payments of compensation and expenses are approved and authorized by the court in the attached order.  
 Signature of Presiding Judicial Officer: \_\_\_\_\_ By Order of the Court  
 Date of Order 03/12/2004 Nunc Pro Tunc Date 03/12/2004  
 (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment.  YES  NO

U.S. DISTRICT COURT  
 H.D. OF ALABAMA  
 04 APR -2 PM 1:18  
 FILED

13. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)

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		
a <input type="checkbox"/> Pre-Trial	e <input type="checkbox"/> Appeal	g <input type="checkbox"/> Habeas Petition	k <input type="checkbox"/> Petition for the U.S. Supreme Court	i <input type="checkbox"/> Stay of Execution				
b <input type="checkbox"/> Trial	f <input type="checkbox"/> Petition for the U.S. Supreme Court	h <input type="checkbox"/> Evidentiary Hearing	l <input type="checkbox"/> Dispositive Motions	m <input type="checkbox"/> Appeal of Denial of Stay				
c <input type="checkbox"/> Sentencing	j <input type="checkbox"/> Writ of Certiorari	i <input type="checkbox"/> Dispositive Motions	j <input type="checkbox"/> Appeal	n <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay				
d <input type="checkbox"/> Other Post Trial				o <input type="checkbox"/> Other				

15. CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. In-Court Hearings (Rate per Hour = \$125.00)				IN COURT TOTAL (Category a)	IN COURT TOTAL (Category a)
b. Interviews and Conferences with Client					
c. Witness Interviews					
d. Consultation with Investigators and Experts					
e. Obtaining and Reviewing the Court Record					
f. Obtaining and Reviewing Documents and Evidence				OUT OF COURT TOTAL (Categories b - j)	OUT OF COURT TOTAL (Categories b - j)
g. Consulting with Expert Counsel					
h. Legal Research and Writing					
i. Travel					
j. Other (Specify on additional sheets)					
Totals: Categories b thru j (Rate per hour = \$125.00)					

16. Travel Expenses (lodging, parking, meals, mileage, etc.)  
 17. Other Expenses (other than expert, transcripts, etc.)

18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM \_\_\_\_\_ TO \_\_\_\_\_  
 19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION  
 20. CASE DISPOSITION

21. 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 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: \_\_\_\_\_

22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED
27. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	27a. JUDGE CODE