

CJA 30 DEATH PENALTY PROCEEDINGS: APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE ALN	2. PERSON REPRESENTED Rudolph, Eric R. Court	VOUCER 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 Criminal Case
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 844LF -- PENALTIES - IF DEATH RESULTS		

11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS

Drennan, J. Derek  
2320 Arlington Avenue  
Birmingham AL 35205

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 stated to 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 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 on such a matter without compensation, interim payments of compensation and expenses are approved pursuant to the attached order.

Signature of Presiding Judicial Officer or by Order of the Court

Date of Order 06/16/2003

Nunc Pro Tunc Date 06/16/2003

(E) Repayment or partial repayment ordered from the person represented for this service at time of appointment.  YES  NO

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H.D. OF COURTS  
BAMA

*Handwritten signature*

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

Jaffe, Strickland and Drennan  
2320 Arlington Avenue  
Birmingham AL 35205

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

- a  Pre-Trial  
b  Trial  
c  Sentencing  
d  Other Post Trial

HABEAS CORPUS

- e  Appeal  
f  Petition for the U S Supreme Court  
g  Habeas Petition  
h  Evidentiary Hearing  
i  Dispositive Motions  
j  Appeal

OTHER PROCEEDING

- k  Petition for the U S Supreme Court  
l  Stay of Execution  
m  Appeal of Denial of Stay  
n  Petition for Writ of Certiorari to the U S Supreme Court Regarding Denial of Stay  
o  Other

15. CATEGORIES (Attach itemization of services with dates)

CATEGORIES	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. In-Court Hearings (Rate per Hour = \$ 100.00)				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					
g. Consulting with Expert Counsel				OUT OF COURT TOTAL (Categories b - j)	OUT OF COURT TOTAL (Categories b - j)
h. Legal Research and Writing					
i. Travel					
j. Other (Specify on additional sheets)					
Totals: Categories b thru j (Rate per hour = \$ 100.00)					

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