✎CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (USDCNH Rev. 1/05)

| 1. CIR./DIST./ DIV. CODE | 2. PERSON REPRESENTED | VOUCHER NUMBER |
|---|---|---|
| NHX | Northleen, Carl | |

| 3. MAG. DKT./DEF. NUMBER | 4. DIST. DKT./DEF. NUMBER | 5. APPEALS DKT./DEF. NUMBER | 6. OTHER DKT. NUMBER |
|---|---|---|---|
| | 1:04-0000111:001 | | |

| 7. IN CASE/MATTER OF *(Case Name)* | 8. PAYMENT CATEGORY | 9. TYPE PERSON REPRESENTED | 10. REPRESENTATION TYPE |
|---|---|---|---|
| US v. Northleen | x Felony G Petty Offense<br>G Misdemeanor G Other<br>G Appeal | x Adult Defendant G Appellant<br>G Juvenile G Appellee<br>G Other | *(See Instructions)*<br>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=NH.F - NARCOTICS - SELL, DISTRIBUTE, OR DISPENSE

## REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT

As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

X Authorization to obtain the service. Estimated Compensation and Z 750 ~~OR~~ **MOTION TO EXCEED ATTACHED**

Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. *(Note: Prior authorization should be obtained for services in excess of $500,* excluding expenses)

Signature of Attorney John Doe Date December 19, 2004

x Panel Attorney G Retained Attorney G Pro-Se G Legal Organization

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

John Doe
1 Main Street
Concord, NH 03301

Telephone (000) 000-0000

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES *(See Instructions)*

Ballistics expert required to demonstrate gun used was not crime weapon.

14. TYPE OF SERVICE PROVIDER

| | | | | | |
|---|---|---|---|---|---|
| 01 | G | Investigator | 15 | G | Other Medical |
| 02 | G | Interpreter/Translator | 16 | G | Voice/Audio Analyst |
| 03 | G | Psychologist | 17 | G | Hair/Fiber Expert |
| 04 | G | Psychiatrist | 18 | G | Computer (Hardware/ Software/Systems) |
| 05 | G | Polygraph | | | |
| 06 | G | Documents Examiner | 19 | G | Paralegal Services |
| 07 | G | Fingerprint Analyst | 20 | G | Legal |
| 08 | G | Accountant | 21 | G | Jury Consultant |
| 09 | G | CALR (Westlaw/Lexis, etc.) | 22 | G | Mitigation Specialist |
| 10 | G | Chemist/Toxicologist | 23 | G | Duplication Services *(See Instructions)* |
| 11 | ☒ | Ballistics | | | |
| 13 | G | Weapons/Firearms/Explosive | 24 | G | Other *(Specify)* |
| 14 | G | Pathologist/Medical Examiner | | | |

15. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.

Judge Signs Here
Signature of Presiding Judicial Officer or By Order of the Court

1/3/05
Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of

G YES G NO

| 16. SERVICES AND EXPENSES *(Attach itemization of services with dates)* | AMOUNT CLAIMED | FOR COURT USE ONLY: MATH/TECHNICAL ADJUSTED AMOUNT | FOR COURT USE ONLY: ADDITIONAL REVIEW |
|---|---|---|---|
| a. Compensation | 750.00 | | |
| b. Travel Expenses *(lodging, parking, meals, mileage, etc.)* | 100.00 | | |
| c. Other Expenses | | | |
| **GRAND TOTALS (CLAIMED AND ADJUSTED):** | 850.00 | | |

17. PAYEE'S NAME *(First Name, M.I., Last Name, including any suffix),* AND MAILING ADDRESS

Guns and Other Things, Inc.
222 Main Street
Some Town, NH 03333

TIN: 00-0000000

Telephone (000) 000-0000

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE 1/3/05 TO 1/10/05

CLAIM STATUS x Final Payment G Interim Payment G Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment *(compensation or anything of value)* from any other source for these services.

Signature of **William E. Hammersmith** Date 1/11/05

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.

Signature of **John Doe** Date 1/12/05

## APPROVED FOR PAYMENT — COURT USE ONLY

| 19. TOTAL COMPENSATION | 20. TRAVEL EXPENSES | 21. OTHER EXPENSES | 22. TOTAL AMOUNT APPROVED/CERTIFIED |
|---|---|---|---|
| | | | |

23 G Either the cost *(excluding expenses)* of these services does not exceed $500, or prior authorization was obtained.

G Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost *(excluding expenses)* exceeds $500.

Signature of Presiding Judicial Officer | Date | Judge/Mag. Judge Code

| 24. TOTAL COMPENSATION | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOTAL AMOUNT APPROVED |
|---|---|---|---|
| | | | |

28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate) | Date | Judge Code