

APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL SUPPLEMENTAL

0844563

1. JURISDICTION 1 <input type="checkbox"/> MAG. 2 <input checked="" type="checkbox"/> DIST. 3 <input type="checkbox"/> APPEALS 4 <input type="checkbox"/> OTHER		2. MAG. DOCKET NO.		3. DIST. CT. DOCKET NO. 3:97-CR-257-G		VOUCHER NO. 0845008			
4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT) Northern/Texas		6. LOC. CODE TXNDA		7. CHARGE/OFFENSE (U.S. or other code citation)			
8. IN THE CASE OF USA vs Espinosa		9. PERSON REPRESENTED (FULL NAME) Hector Espinosa				7A. CASE CODE 67			
10. PERSON REPRESENTED (STATUS) 1 <input checked="" type="checkbox"/> DEFENDANT—ADULT 3 <input type="checkbox"/> APPELLANT 5 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT—JUVENILE 4 <input type="checkbox"/> APPELLEE				11. PROCEEDINGS (Describe briefly) All further proceedings including any appeal				9A. NO. REPRESENT. 1	
12. PAYMENT CATEGORY A <input checked="" type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input type="checkbox"/> OTHER B <input type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL				13. COURT ORDER O <input checked="" type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty. Name of prior panel attorney _____ Appt. Date _____ Voucher No. _____				14. FULL NAME OF ATTORNEY/PAYEE (First Name, M.I., Last Name, including Suffix) AND MAILING ADDRESS Richard J. Deaguero 3626 N. Hall St., Suite 716 Dallas, TX 75219	
Because the above-named "person represented" has testified under oath or has otherwise satisfied 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 14 is appointed to represent this person in this case. Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy) _____ Date of Order _____ Nunc Pro Tunc Date _____				15. WORK PHONE 214/521-0464		16A. Does the attorney have the preexisting agreement (see instructions) with a corporation, including a professional corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				16B. SOCIAL SECURITY NO. (Only provide per instructions) 585-07-1466		16C. EMPLOYER I.D. NO. (Only provide per instructions)			
				16D. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					

CLAIM FOR SERVICES OR EXPENSES

		SERVICE	HOURS	DATES		
IN COURT	a.	Arraignment and/or Plea	1.0		Multiply rate per hour times total hours to obtain "In Court" compensation. Enter total below. 17A. TOTAL IN COURT COMP. \$65.00	
	b.	Ball and Detention Hearings				
	c.	Motions Hearings				
	d.	Trial				
	e.	Sentence Hearings				
	f.	Revocation Hearings				
	g.	Appeals Court				
	h.	Other (Specify on additional sheets)				
		(Rate per hour = 65) TOTAL HOURS =	1.0			
OUT OF COURT	a.	Interviews and conferences	1.0		Multiply rate per hour times total hours. Enter total "out of court" compensation below. 18A. TOTAL OUT OF COURT COMP. \$45.00	
	b.	Obtaining and reviewing records				
	c.	Legal research and brief writing				
	d.	Travel time (Specify on additional sheets)				
	e.	Investigative and other work (Specify on additional sheets)				
		(Rate per hour = 45) TOTAL HOURS =	1.0			
EXPENSES	19. TRAVEL, LODGING, MEALS ETC.		AMOUNT	OTHER EXPENSES	AMOUNT	19A. TOTAL TRAVEL EXP.
						\$ 0
						19B. TOTAL OTHER EXP.
						\$ 0
						20. GRAND TOTAL CLAIMED
					\$ 110.00	

21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD 9/30/97 TO 12/31/98

F Final Payment I Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? YES NO
 If yes, were you paid? YES NO If yes, by whom where you paid? AO How much? 5,743.70 Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide 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/PAYEE		DATE	
22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSE	25. OTHER EXPENSES
\$	\$	\$	\$
27. SIGNATURE OF PRESIDING JUDICIAL OFFICER		DATE	
28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE)		DATE	
		26. TOTAL AMT. APPROVED/CERT.	
		\$	
		27A. JUDGE/MAG. CODE	
		29. TOTAL AMT. APPROVED	
		\$	