

1. CIR./DIST./DIV. CODE NDX	2. PERSON REPRESENTED Gianakos, Michael Sean	VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 3:02-000044-001	5. APPEALS DKT./DEF. NUMBER
6. OTHER DKT. NUMBER	7. IN CASE/MATTER OF (Case Name) U.S. v. Gianakos	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 1201.F -- KIDNAPPING

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

11. 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:

Authorization to obtain the service. Estimated Compensation and Expenses: \$
 Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (See instructions)

Richard Henderson 12/20/2002
Date

Panel Attorney Retained Atty Pro-Se Legal Organization
 Attorney's name (First Name, M.I., Last Name, including suffix), and mailing address.
RICHARD HENDERSON
 PO Box 677
 Moorhead, MN 56561

Telephone Number: **(218) 233-7407**

<p>12. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions) To provide consulting & expert witness services; to perform an initial analysis of the evidence in this case by a forensic expert</p>	<p>13. TYPE OF SERVICE PROVIDER</p> <table style="width:100%; border: none;"> <tr><td>01 <input type="checkbox"/> Investigator</td><td>20 <input type="checkbox"/> Legal Analyst/Consultant</td></tr> <tr><td>02 <input type="checkbox"/> Interpreter/Translator</td><td>21 <input type="checkbox"/> Jury Consultant</td></tr> <tr><td>03 <input type="checkbox"/> Psychologist</td><td>22 <input type="checkbox"/> Mitigation Specialist</td></tr> <tr><td>04 <input type="checkbox"/> Psychiatrist</td><td>23 <input type="checkbox"/> Duplication Services (See Instructions)</td></tr> <tr><td>05 <input type="checkbox"/> Polygraph Examiner</td><td>24 <input checked="" type="checkbox"/> Other (specify)</td></tr> <tr><td>06 <input type="checkbox"/> Documents Examiner</td><td style="text-align: center;">Forensic expert-consultant</td></tr> <tr><td>07 <input type="checkbox"/> Fingerprint Analyst</td><td></td></tr> <tr><td>08 <input type="checkbox"/> Accountant</td><td></td></tr> <tr><td>09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc)</td><td></td></tr> <tr><td>10 <input type="checkbox"/> Chemist/Toxicologist</td><td></td></tr> <tr><td>11 <input type="checkbox"/> Ballistics Expert</td><td></td></tr> <tr><td>12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert</td><td></td></tr> <tr><td>13 <input type="checkbox"/> Pathologist/Medical Examiner</td><td></td></tr> <tr><td>14 <input type="checkbox"/> Other Medical Expert</td><td></td></tr> <tr><td>15 <input type="checkbox"/> Voice/Audio Analyst</td><td></td></tr> <tr><td>16 <input type="checkbox"/> Hair/Fiber Expert</td><td></td></tr> <tr><td>17 <input type="checkbox"/> Computer (Hardware/Software/Systems)</td><td></td></tr> <tr><td>18 <input type="checkbox"/> Paralegal Services</td><td></td></tr> <tr><td>19 <input type="checkbox"/></td><td></td></tr> </table>	01 <input type="checkbox"/> Investigator	20 <input type="checkbox"/> Legal Analyst/Consultant	02 <input type="checkbox"/> Interpreter/Translator	21 <input type="checkbox"/> Jury Consultant	03 <input type="checkbox"/> Psychologist	22 <input type="checkbox"/> Mitigation Specialist	04 <input type="checkbox"/> Psychiatrist	23 <input type="checkbox"/> Duplication Services (See Instructions)	05 <input type="checkbox"/> Polygraph Examiner	24 <input checked="" type="checkbox"/> Other (specify)	06 <input type="checkbox"/> Documents Examiner	Forensic expert-consultant	07 <input type="checkbox"/> Fingerprint Analyst		08 <input type="checkbox"/> Accountant		09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc)		10 <input type="checkbox"/> Chemist/Toxicologist		11 <input type="checkbox"/> Ballistics Expert		12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert		13 <input type="checkbox"/> Pathologist/Medical Examiner		14 <input type="checkbox"/> Other Medical Expert		15 <input type="checkbox"/> Voice/Audio Analyst		16 <input type="checkbox"/> Hair/Fiber Expert		17 <input type="checkbox"/> Computer (Hardware/Software/Systems)		18 <input type="checkbox"/> Paralegal Services		19 <input type="checkbox"/>	
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<p>14. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 11 is hereby granted.</p> <p><u>Karen K. Rubin</u> Nunc Pro Tunc Date 1/8/03 12/20/2002</p> <p>Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>																																							

15. STAGE OF PROCEEDING
 Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 16 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 checked="" type="checkbox"/> Pre-Trial	c. <input type="checkbox"/> Appeal	g. <input type="checkbox"/> Stay of Execution
b. <input type="checkbox"/> Trial	d. <input type="checkbox"/> Petition for the U.S. Supreme Court	h. <input type="checkbox"/> Appeal of Denial of Stay
c. <input type="checkbox"/> Sentencing	e. <input type="checkbox"/> Habeas Petition	i. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court
d. <input type="checkbox"/> Other Post Trial	f. <input type="checkbox"/> Evidentiary Hearing	j. <input type="checkbox"/> Writ of Certiorari
	g. <input type="checkbox"/> Dispositive Motions	k. <input type="checkbox"/> Other
	h. <input type="checkbox"/> Appeal	

CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY	
16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation (SEE ATTACHED)			
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED)			

17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS
SPECKIN FORENSIC LABORATORIES
 Okemos, Michigan

TIN: 38-3268659
 Telephone Number: 517-399-3528

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ **TO** _____
CLAIM STATUS Final Interim Payment Number 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 Claimant/Payee: Roger J. Polhouse Date: _____

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

Signature of Attorney: Richard Henderson Date: _____

APPROVED FOR PAYMENT - COURT USE ONLY			
19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOT. AMT APPROVED/CERTIFIED

Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained; OR
 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 \$300.

KAREN K. RUBIN, Mag. Judge 68BA
Date Judge/Mag. Judge Code

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

28. FOR REPRESENTATIONS COMMENCED AND APPELLATE PROCEEDINGS IN WHICH AN APPEAL IS PERFECTED ON OR AFTER APRIL 24, 1996,
 A. Total compensation and expense payments approved to date (include amounts withheld for interim payments) for investigative, expert and other services for this representation is \$ _____
 B. Payment approved (compensation and expenses) in excess of the statutory threshold for investigative, expert and other services under 21 U.S.C. 848(q)(10)(B) _____

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