

CJA 31 DEATH PENALTY PROCEEDINGS: EX PARTE REQUEST FOR AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

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)

Date: **02/24/2003**

Richard Henderson

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**

12. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)
To conduct specific forensic examination and testing of the evidence in this case, subsequent to the completed initial analysis.

13. TYPE OF SERVICE PROVIDER

- | | |
|--|--|
| <input type="checkbox"/> 01 Investigator | <input type="checkbox"/> 20 Legal Analyst/Consultant |
| <input type="checkbox"/> 02 Interpreter/Translator | <input type="checkbox"/> 21 Jury Consultant |
| <input type="checkbox"/> 03 Psychologist | <input type="checkbox"/> 22 Mitigation Specialist |
| <input type="checkbox"/> 04 Psychiatrist | <input checked="" type="checkbox"/> 23 Duplication Services (See Instructions) |
| <input type="checkbox"/> 05 Polygraph Examiner | <input type="checkbox"/> 24 Other (specify) |
| <input type="checkbox"/> 06 Documents Examiner | Forensic Examiner |
| <input type="checkbox"/> 07 Fingerprint Analyst | |
| <input type="checkbox"/> 08 Accountant | |
| <input type="checkbox"/> 09 CALR (Westlaw/Lexis, etc) | |
| <input type="checkbox"/> 10 Chemist/Toxicologist | |
| <input type="checkbox"/> 11 Ballistics Expert | |
| <input type="checkbox"/> 12 Weapons/Firearms/Explosive Expert | |
| <input type="checkbox"/> 13 Pathologist/Medical Examiner | |
| <input type="checkbox"/> 14 Other Medical Expert | |
| <input type="checkbox"/> 15 Voice/Audio Analyst | |
| <input type="checkbox"/> 16 Hair/Fiber Expert | |
| <input type="checkbox"/> 17 Computer (Hardware/Software/Systems) | |
| <input type="checkbox"/> 18 Paralegal Services | |

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.

Karen K. Klein

KAREN K. KLEIN, Magistrate Judge

Date of Order: **2/25/03**

Nunc Pro Tunc Date

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

- YES NO

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

- 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
 k. Petition for the U.S. Supreme Court
 l. Writ of Certiorari

OTHER PROCEEDING

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

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			
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

Roger J. Bolhouse
Speckin Forensic Laboratories
2105 University Park Dr., Ste. A
Okemos, Michigan 48864

TIN: **38-3268659**

Telephone Number: **(517) 349-3528**

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 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. Bolhouse* Date: _____

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

Signature of Attorney: **Richard Henderson** Date: _____

APPROVED FOR PAYMENT - COURT'S USE ONLY

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOT. AMT APPROVED/CERTIFIED
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23. 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. KLEIN, Mag. Judge

Date

68BA

Judge/Mag. Judge Code

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

31 DEATH PENALTY PROCEEDINGS: EX PARTE REQUEST FOR AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

1. R./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)

Signature of Attorney Richard J. Henderson 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
Post Office Box 677
Moorhead, MN 56561 Telephone Number: (218) 233-7407

12. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions) To conduct specific forensic examination and testing of the evidence in this case, subsequent to the completed initial analysis.	13. TYPE OF SERVICE PROVIDER 01 <input type="checkbox"/> Investigator 02 <input type="checkbox"/> Interpreter/Translator 03 <input type="checkbox"/> Psychologist 04 <input type="checkbox"/> Psychiatrist 05 <input type="checkbox"/> Polygraph Examiner 06 <input type="checkbox"/> Documents Examiner 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"/> Legal Analyst/Consultant 20 <input type="checkbox"/> Jury Consultant 21 <input type="checkbox"/> Mitigation Specialist 22 <input type="checkbox"/> Duplication Services (See Instructions) 23 <input type="checkbox"/> Other (specify) 24 <input checked="" type="checkbox"/> <u>forensic examiner</u>
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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.

Signature of Presiding Judicial Officer or By Order of the Court _____
 Date of Order _____ Nunc Pro Tunc Date _____
 Repayment or partial repayment ordered from the person represented for this service at time of authorization.
 YES NO

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

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			
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
Roger J. Bolhouse
Speckin Forensic Laboratories
2105 University Park Dr., Suite A
Okemos, Michigan 48864 TIN: 38-3268659
 Telephone Number: (517) 349-3528

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____
 CLAIM STATUS Final Interim Payment Number _____
 I hereby certify that the above claim for services rendered 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. Bolhouse Date: _____

18. CERTIFICATION OF ATTORNEY
 Signature of Attorney: Richard J. Henderson Date: _____
 I hereby certify that the services were rendered for this case.

APPROVED FOR PAYMENT - COURT'S USE ONLY

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOT. AMT APPROVED/CERTIFIED
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23. 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.

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

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

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES

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. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) 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) 18 1201.F -- KIDNAPPING			

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:

Authorization to obtain the service. Estimated Compensation: \$
 Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$300)

RICHARD HENDERSON Date: 02/24/2003
 Panel Attorney Retained Atty Pro-Se Legal Organization
 Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.
RICHARD HENDERSON
PO Box 677
Moorhead, MN 56561
 Telephone Number: **(218) 233-7407**

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)
To conduct specific forensic examination and testing of the evidence in this case, subsequent to the completed initial analysis

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

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.
Karen Klein
KAREN KLEIN, Magistrate Judge
 Date of Order: 2/27/03 Nunc Pro Tunc Date: 02/24/2003
 Repayment or partial repayment ordered from the person represented for this service at time of authorization.
 YES NO

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			
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
Roger J. Bolhouse
Speckin Forensic Laboratories
2105 University Park Dr., Ste. A
Okeanos, Michigan 48864
 TIN: 38-3268659
 Telephone Number: (517) 349-3528

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. Bolhouse* Date: _____

18. CERTIFICATION OF ATTORNEY: I 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
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained. <input type="checkbox"/> 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 \$300.			
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)			