

VOUCHER NUMBER 07251401

1. CIR./DIST./DIV. CODE 08C	2. PERSON REPRESENTED Fincher, Hollis Wayne	4. DIST. DKT./DEF. NUMBER 5:06-050064-001	5. APPEALS DKT./DEF. NUMBER X:07-002514-001	6. OTHER DKT. NUMBER
3. MAG. DKT./DEF. NUMBER 5:06-005048-001	7. IN CASE/MATTER OF (Case Name) U.S. v. Fincher	8. PAYMENT CATEGORY Other	9. TYPE PERSON REPRESENTED Appellant	10. REPRESENTATION TYPE (See Instructions) Appeal of Trial Disposition

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.

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS
 Blatt, Shannon
 P.O. Box 1825
 19 Court Street
 Fort Smith AR 72902
 Telephone Number: (479) 785-0123

13. COURT ORDER
 O Appointing Counsel C Co-Counsel
 F Subs For Federal Defender R Subs For Retained Attorney
 P Subs For Panel Attorney Y Standby Counsel
 Prior Attorney's Name: _____
 Appointment Date: _____
 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 12 is appointed to represent this person in this case, or
 Other (See Instructions) 5/
 Signature of Presiding Judicial Officer or By Order of the Court
06/27/2007
 Date of Order _____ Name Pro Tunc Date _____
 Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES NO

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

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	
15. I N C O U R T a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) (Rate per hour = \$) TOTALS:						
	16. O U T O F C O U R T a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets) (Rate per hour = \$) TOTALS:					
		17. Travel Expenses (lodging, parking, meals, mileage, etc.)				
		18. Other Expenses (other than expert, transcripts, etc.)				

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____

20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION

21. CASE DISPOSITION

22. 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: _____

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE