

1. CIR./DIST./ DIV. CODE Eastern District of MI		2. PERSON REPRESENTED Issam George Hamama		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:08-CR-20314		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA v. Hamama		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
				10. REPRESENTATION TYPE (See Instructions) CC	

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.*
371, 951(a), 1001(a)(2)

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 and Expenses: \$ _____ OR
 Approval of services already obtained or 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: *Haytham Faraj* Date: 2/15/11
 Panel Attorney Retained Attorney Pro-Se Legal Organization

ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS
Haytham Faraj
1800 Diagonal Road, Ste. 210, Alexandria VA 22314
 Telephone Number: **(760) 521-7934**

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)
Dr. Al-Marashi is an expert on the Iraqi Intelligence Service and Middle East history and politics. His services were necessary to assist the defense in preparing its defense and rebutting the government's evidence alleging that the defendant was an agent for the Iraqi Government.

14. TYPE OF SERVICE **Format (999) 999-9999**

01 <input type="checkbox"/> Investigator	15 <input type="checkbox"/> Other Medical
02 <input type="checkbox"/> Interpreter/Translator	16 <input type="checkbox"/> Voice/Audio Analyst
03 <input type="checkbox"/> Psychologist	17 <input type="checkbox"/> Hair/Fiber Expert
04 <input type="checkbox"/> Psychiatrist	18 <input type="checkbox"/> Computer (Hardware/Software/Systems)
05 <input type="checkbox"/> Polygraph	19 <input type="checkbox"/> Paralegal Services
06 <input type="checkbox"/> Documents Examiner	20 <input type="checkbox"/> Legal Analyst/Consultant
07 <input type="checkbox"/> Fingerprint Analyst	21 <input type="checkbox"/> Jury Consultant
08 <input type="checkbox"/> Accountant	22 <input type="checkbox"/> Mitigation Specialist
09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)	23 <input type="checkbox"/> Duplication Services (See Instructions)
10 <input type="checkbox"/> Chemist/Toxicologist	24 <input checked="" type="checkbox"/> Other (Specify) Iraqi Intel. Expert
11 <input type="checkbox"/> Ballistics	
12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert	
13 <input type="checkbox"/> 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.

Signature of Presiding Judge or By Order of the Court: _____
 Date of Order: 1/18/2011 Time Date _____
 Repayment or partial repayment or: **Format m/d/yyyy** 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 with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation	\$ 6,450.00		
b. Travel Expenses (lodging, parking, meals, mileage, etc.)	\$ 2391.70		
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):	\$8841.70	\$0.00	

17. PAYEE'S NAME AND MAILING ADDRESS
Dr. Ibrahim Al-Marashi
12333 Maravilla Dr.
Salinas, CA 93908
 TIN: _____
 Telephone Number: **(831) 375-0463**

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM 1/4/2011 TO 1/18/2011
 CLAIM STATUS Final Payment 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: _____ Date: _____

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.
 Signature of Attorney: *Haytham Faraj* Date: 2/15/11
Format m/d/yyyy

APPROVED FOR PAYMENT - COURT USE ONLY			
19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED CERTIFIED
			\$0.00

23 Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained.
 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 Judge: _____ Judge Code: _____
 24. TOTAL COMPENSATION 25. TRAVEL EXPENSES 26. OTHER **Format m/d/yyyy** 27. TOTAL AMOUNT APPROVED
 \$0.00

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): _____ Judge Code: _____
Format m/d/yyyy

1. CIR./DIST./ DIV. CODE Eastern District of MI		2. PERSON REPRESENTED Issam George Hamama		VOUCHER NUMBER	
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10. REPRESENTATION TYPE (See Instructions) CC					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 371, 951(a), 1001(a)(2)					

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 and Expenses: \$ _____ OR
 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: *[Signature]* Date: 2/15/11

Panel Attorney Retained Attorney Pro-Se Legal Organization

ATTORNEY'S NAME (First Name, Middle Initial, Last Name, including any suffix), AND MAILING ADDRESS
Haytham Faraj Puckett & Faraj, PC
1800 Diagonal Road, Suite 210, Alexandria, VA 22314

Telephone Number: **(760) 521-7934**

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) Dr. Al-Marashi is an expert on the Iraqi Intel. Service and Middle East history and politics. He reviewed several hundred Iraqi Intel. documents that were in Arabic to determine authenticity, veracity, and relevance.	14. 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 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 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 13 <input type="checkbox"/> Pathologist/Medical Examiner 15 <input type="checkbox"/> Other Medical 16 <input type="checkbox"/> Voice/Audio Analyst 17 <input type="checkbox"/> Hair/Fiber Expert 18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 19 <input type="checkbox"/> Paralegal Services 20 <input type="checkbox"/> Legal Analyst/Consultant 21 <input type="checkbox"/> Jury Consultant 22 <input type="checkbox"/> Mitigation Specialist 23 <input type="checkbox"/> Duplication Services (See Instructions) 24 <input checked="" type="checkbox"/> Other (Specify) <u>Iraqi Intel. Expert</u>
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. Signature of Presiding Judge or By Order of the Court: _____ Date of Order: <u>12/29/2009</u> Nunc Pro Tunc Date: _____ 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	

CLAIM FOR SERVICES AND EXPENSES		FOR COURT USE ONLY	
16. SERVICES AND EXPENSES (Attach itemization of services with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation	2,040.00		
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):	\$2,040.00	\$0.00	

17. PAYEE'S NAME AND MAILING ADDRESS
Dr. Ibrahim Al-Marashi
12333 Maravilla Dr., Salinas, CA 93908

TIN: _____ Telephone Number: **(831) 375-0463**

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM 5/29/2010 TO 10/25/2010

CLAIM STATUS Final Payment 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: _____ Date: _____

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

Signature of Attorney: *[Signature]* Date: 2/15/11

APPROVED FOR PAYMENT - COURT USE ONLY			
19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED \$0.00

23. Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained.
 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 Judge: _____ Date: _____ Judge Code: _____

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED \$0.00
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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: _____

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 Authorization to obtain the service. Estimated Compensation and Expenses: \$ _____ OR
 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: *[Signature]* Date: 2/15/11

Panel Attorney Retained Attorney Pro-Se Legal Organization

ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS
Haytham Faraj Puckett & Faraj, PC
1800 Diagonal Road, Suite 210, Alexandria, VA 22314

Telephone Number: **(760) 521-7934**

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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. Signature of Presiding Judge or By Order of the Court: _____ Date of Order: <u>12/29/2009</u> Nunc Pro Tunc Date: _____ 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			

16. SERVICES AND EXPENSES (Attach itemization of services with dates)	AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	FOR COURT USE ONLY ADDITIONAL REVIEW
a. Compensation	3,000.00		
b. Travel Expenses (lodging, parking, meals, mileage, etc.)			
c. Other Expenses			
GRAND TOTALS (CLAIMED AND ADJUSTED):	\$3,000.00	\$0.00	

17. PAYEE'S NAME AND MAILING ADDRESS
Dr. Ibrahim Al-Marashi
12333 Maravilla Dr., Salinas, CA 93908

TIN: _____ Telephone Number: **(831) 375-0463**

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM 11/8/2010 TO 1/13/2011

CLAIM STATUS Final Payment 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: _____ Date: _____

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.
 Signature of Attorney: *[Signature]* Date: 2/15/11

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED
			\$0.00

23 Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained.
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24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
			\$0.00

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: _____