CJA 21 AUTHORIZATION AND			THER SERVICES (Rev. 1/06)					
I. CIR./DIST./ DIV. CODE Eastern District of MI		ON REPRESENTED George Hamama				VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:08-CR-20314					. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA v. Hamama		8. PAYMENT CATEGORY Petty Offense Misdemeanor Dither		ØØ Adul □ Juvei □ Othe	9. TYPE PERSON REPR Adult Defendant D		□ Appellant □ Appellee	10. REPRESENTATION TYPE (See Instructions)	
11. OFFENSE(S) CHARGED (Cite 371, 951(a), 1001(a)(2)	Title & Section) If more i	than one offense, list	list (up to five) major offenses charged, according to			harged, according to	severity of of	ense.	
371, 951(a), 1001(a)(2)					<u>angemente</u>	A		Novincian (***	· ····
12. ATTORNEY'S STATEMENT	energy (new properties)	REQUEST AND A	donn: (o) (1 NW. A	II(0)N(15(0)	· 蜀 14、	0일의(k	WEIGHT (CHIEF	egas a volumen.	Control of the contro
As the attorney for the per	ice Estima	nted, who is named above, I to Compensation and Exper paid for by the United States	seee. Q				OB		• •
MApproval of services already obtained to repeat 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 Pane Attorney Pro-Se Legal Organization Date Date									
1 Houdham Carai	ATTORNEY'S NAME (First Name, M. Last Name, including any suffix), AND MAILING ADDRESS Format m/d/yyyy								
1800 Diagonal	Road	I. Ste. Mo,	4/exanolvi'd				(7 f	50) 521-7	7934
13. DESCRIPTION OF AND JUSTI Dr. Al-Marashi is an exper	FICATION	FOR SERVICES (See In	structions)	Telepho	_			it (899) 8	
East history and politics. I	lis servi	ces were necessar	v to assist the	defense	01		estigator		15 Other Medical
in preparing its defense at that the defendant was an	nd rebut agent f	ting the goverment or the Iraqi Govern	rs evidence all Iment.	alleging 02 Interpreter/Translator 16 Voice 03 Psychologist 17 Hair/F					17 Hair/Fiber Expert
15. COURT ORDER			05 🖸				remaurist ygruph cuments Examiner		Software/Systems)
	Financial eligibility of the person represented having been established to the Court's satisfaction authorization requested in Item 12 is hereby granted.				the 07 Fingerprint Analyst 20 Leg				
Signature of Presiding Judge or By C 1/18/2011	rder of the	Court		10 Chemist/Toxicologist 23 Dup					
Date of Order Repayment or partial repayment or	Forma	at m/d/yyyy or this	Date service at time of auth	erization.	13 14	□ w ₀	apons/Firearms/Explo- hologist/Medical Exan		24 Other (Specify) Iraqi Intel. Expert
CLAIR	1 EOR :	SERVICES AND E	EXPENSES		(ilay)	100	FOI	COUR	USE ONLY
16. SERVIC	ES AND E	EXPENSES vices with dates)		AMOUNT (LAIN	ŒD	MATH/TECH ADJUSTED A	NICAL	ADDITIONAL REVIEW
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b. Travel Expenses (lodging, park	ing, meals,	mileage, etc.)		- 1	23	191.70		-	
GRAND TOTALS (CL. 17. PAYEE'S NAME AND MAILI)ı.	\$9	84	1.70		\$0.00	
Dr. Ibrahim Al-Maras	hi			,	TAI.				
12333 Maravilla Dr. Salinas, CA 93908 Telephone Number: (831) 375-0463					75-0463				
Salinas, CA 93908 CLAIMANT'S CERTIFICATION	ON FOR P	ERIOD OF SERVICE F	ROM	1/4/2011	cicpii	OIIC 144		1/18/2	2011
CLAIM STATUS			Payment Number		Ţ		1.1		
CLAIM STATUS Final Payment Interim Payment Number									
Signature of Claimant/Payee							. Date		
18. CERTIFICATION OF ATTORNY 1 hereby certify that the services were rendered for this case. Format.m/d/yyyy									
Signature of Attorney	A	aray.					Date _	21	15/11
	7		FOR PAYME	NT—C	DUR	TUSE	ONLY	Fom	nat m/d/yyyy
19. TOTAL COMPENSATION		TRAVEL EXPENSES	l	HER EXPEN	-		22. TOTAL A \$0.00	MOUNT AP	PROVED/CERTIFIED
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.									
		residing Judge		Fom	at r	/d/yys			Judge Code
24. TOTAL COMPENSATION		TRAVEL EXPENSES	26. OT	16	4-24	12:5	\$0.00	MOUNT AP	PROVED
28. PAYMENT APPROVED IN EX	CESS OF 1	THE STATUTORY THRE	SHOLD UNDER 18	U.S.C. § 300	6A(c)	(3)			
Signature of Chief	Judge, Co	urt of Appeals (or Dele	gate)	Form	uni m	ldlyyy	7.73		Judge Code

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	VOUCHER NUMBER							
Eastern District of MI Issam 3. MAG, DKT./DEF, NUMBER	George Hamama [4. DIST. DKT./DEF. NUMBER	S ADDEALS DATE (DOT						
	2:08-CR-20314	5. APPEALS DKT./DEF.		6. OTHER DKT. NUMBER				
7. IN CASE/MATTER OF (Case Name)	8. PAYMENT CATEGORY In the control of the contro	9. TYPE PERSON REPR ☑ Adult Defendant ☐ Juvenile Defendant	Appellant	10. REPRESENTATION TYPE (See Instructions)				
USA v. Hamama	[] Other							
371, 951(a), 1001(a)(2)	. true & Section) if more man one offense, list	c, list (up to five) major offenses charged, according to severity of offense.						
	RECOULS NAND A OUR ORIZA	HON KOR DECEDRA	SERVICES					
	nted, who is named above, I hereby affirm that the	services requested are necessary		ation. I hereby request:				
Authorization to obtain the service. Estimated Compensation and Expenses: \$ OR [MApproval of services already obtained to be local 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 Date 2/15/11								
ATTORNEY'S NAME (First Name, M	Retained Attorney Pro	·Se ☐ Legal Organiza ILING ADDRESS	ation	•				
Haytham Faraj Puckett & Faraj, PC // 1800 Diagonal Road, Suite 210, Alexandria, VA 22314 (750) 524 7024								
13. DESCRIPTION OF AND JUSTIFICATION			SERVICE PROVIDI					
history and politics. He reviewed	e Iraqi Intel. Service and Middle E several hundred Iraqi Intel. docul authenticity, veracity, and relevan	ments 02 1 Into	stigator rpreter/Translator chologist chiatrist	15 Other Medical 16 Voice/Audio Analyst 17 Hair/Fiber Expert				
15. COURT ORDER Financial eligibility of the person represented has	ving been established to the Court's satisfaction, th	05 Paly 06 Doc 07 Fing	graph uments Examiner perprint Analyst	18 Computer (Hardware/ Software/Systems) 19 Paralegal Services 20 Legal Analyst/Consultant				
authorization requested in Item 12 is hereby gran		08 □ Acc	ountant LR (Westlaw/Lexis, etc. mist/Toxicologist	21 Ury Consultant				
Signature of Presiding Judge or By Order of the 12/29/2009 Date of Order	Nunc Pro Tunc Date	11 🔲 Ball	istics ipons/Firearms/Explosiv	(See Instructions)				
Repayment or partial repayment ordered from the YES YO	e person represented for this service at time of auth	orization. 14 🗀 Pub	alagist/Medical Examin	Iraqi Intel. Expert				
	SERVICES AND EXPENSES			GOURT USE ONLY				
16. SERVICES AND E (Attach itemization of ser a. Compensation		AMOUNT CLAIMED 2,040.00	MATH/TECHN ADJUSTED AM					
b. Travel Expenses (lodging, parking, meals,	mileage, etc.)							
c. Other Expenses		1 x ==						
GRAND TOTALS (GLAIMED	AND ADJUSTED):	\$2,040.00		\$0.00				
IT. PAYEE'S NAME AND MAILING ADDR		\$2,040.00	·	\$0.00				
17. PAYEE'S NAME AND MAILING ADDR Dr. Ibrahim Al-Marashi	ESS	\$2,040.00 TIN:	· · · · · · · · · · · · · · · · · · ·	. 44				
17. PAYEE'S NAME AND MAILING ADDR Dr. Ibrahim Al-Marashi 12333 Maravilla Dr., Salina	ess s, CA 93908	TIN:	_	(831) 375-0463				
17. PAYEE'S NAME AND MAILING ADDR Dr. Ibrahim Al-Marashi 12333 Maravilla Dr., Salina CLAIMANT'S CERTIFICATION FOR P	ess s, CA 93908	TIN:	_	. 44				
17. PAYEE'S NAME AND MAILING ADDR Dr. Ibrahim Al-Marashi 12333 Maravilla Dr., Salina CLAIMANT'S CERTIFICATION FOR P CLAIM STATUS	Payment Interim Payment Number	TIN: Telephone Nur 3/29/2010	TO	(831) 375-0463 (25/2010 optemental Payment				
17. PAYEE'S NAME AND MAILING ADDR Dr. Ibrahim Al-Marashi 12333 Maravilla Dr., Salina CLAIMANT'S CERTIFICATION FOR P CLAIM STATUS	ess s, CA 93908 PERIOD OF SERVICE FROM	TIN: Telephone Nur 3/29/2010	TO	(831) 375-0463 (25/2010 optemental Payment				
17. PAYEE'S NAME AND MAILING ADDR Dr. Ibrahim Al-Marashi 12333 Maravilla Dr., Salina CLAIMANT'S CERTIFICATION FOR P CLAIM STATUS	Payment Interim Payment Number	TIN: Telephone Nur 3/29/2010	TO Suj	(831) 375-0463 (25/2010 optemental Payment				
17. PAYEE'S NAME AND MAILING ADDR Dr. Ibrahim Al-Marashi 12333 Maravilla Dr., Salina CLAIMANT'S CERTIFICATION FOR P CLAIM STATUS Final I hereby certify that the above claim is for service services. Signature of Claimant/Payee	Payment Interim Payment Number	TIN: Telephone Nur i/29/2010 In or received payment (compen	TO	(831) 375-0463 (25/2010 optemental Payment				
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17. PAYEE'S NAME AND MAILING ADDR Dr. Ibrahim Al-Marashi 12333 Maravilla Dr., Salina CLAIMANT'S CERTIFICATION FOR P CLAIM STATUS Final I hereby certify that the above claim is for service services. Signature of Claimant/Payee 18. CERTIFICATION OF ATTORNEY I here Signature of Attorney 20. 23 I Either the cost (excluding expenses) of the cost (excluding expenses) exceeds \$: Signature of P 24. TOTAL COMPENSATION 25. 28. PAYMENT APPROVED IN EXCESS OF 1.	Payment Interim Payment Number es rendered and is correct, and that I have not sough the services were rendered for the APPROVED ROR PAYMETRAVEL EXPENSES 21. OT these services does not exceed \$500, or prior and in the interest of justice the Court finds that in 500. Tesiding Judge TRAVEL EXPENSES 26. OT THE STATUTORY THRESHOLD UNDER 18	TIN: Telephone Nur 5/29/2010 In or received payment (compensis case. INTL GG BE TO THE TEMPERSES there are the procurement of these nor the procurement of these nor the procurement of the series	Date Date 22. TOTAL AM \$0.00	(831) 375-0463 (25/2010 Exploremental Payment other) from any other source for these 2/15/// 20UNT APPROVED/CERTIFIED and await prior authorization, even though Judge Code 10UNT APPROVED				
17. PAYEE'S NAME AND MAILING ADDR Dr. Ibrahim Al-Marashi 12333 Maravilla Dr., Salina CLAIMANT'S CERTIFICATION FOR P CLAIM STATUS Final I hereby certify that the above claim is for service services. Signature of Claimant/Payee 18. CERTIFICATION OF ATTORNEY I here Signature of Attorney 20. 23 I Either the cost (excluding expenses) of the cost (excluding expenses) exceeds \$: Signature of P 24. TOTAL COMPENSATION 25. 28. PAYMENT APPROVED IN EXCESS OF 1.	Payment Interim Payment Number es rendered and is correct, and that I have not sough the services were rendered for the APPROVED ROR PAYMETRAVEL EXPENSES 21. OT these services does not exceed \$500, or prior and in the interest of justice the Court finds that in 500. Tesiding Judge TRAVEL EXPENSES 26. OT THE STATUTORY THRESHOLD UNDER 18	TIN: Telephone Nur 5/29/2010 In or received payment (compensis case. INTL GG BE TO THE TEMPERSES there are the procurement of these nor the procurement of these nor the procurement of the series	Date Date 22. TOTAL AM \$0.00	(831) 375-0463 (25/2010 Exploremental Payment other) from any other source for these 2/15/// 20UNT APPROVED/CERTIFIED and await prior authorization, even though Judge Code 10UNT APPROVED				

1. CIR/DIST/DIV. CODE 2. PERSON REPRESENTED Issam George Hamama						VOUCHER NUMBER			
3. MAG. DKT/DEF. NUMBER 4. DIST. DKT/DEF. NUMBER 2:08-CR-20314			BER	5. APPEALS DI	KT/DEF.	NUMBER 6. OTHER		DKT. NUMBER	
7. IN CASE/MATTER OF (Case Nat	N CASE/MATTER OF (Case Name)		<u> </u>	9. TYPE PERSON REPR		ESENTED		SENTATION TYPE	
USA v. Hamama	SA v. Hamama		Petty Offense Dther	Adult Defendant Ul Juvenile Defendant Ul Other		☐☐ Appellant ☐☐ Appellee	(See Instructions)		
11. OFFENSE(S) CHARGED (Cite t		Title & Section) If more than	one offense, list (i	ıp to five) major oj	Jenses cha	rged, according to s	everity of off	ense.	
371, 951(a), 1001(a)(2) REQUEST AND AUTHORIZATION FOR EXPERT SERVICES									
12. ATTORNEY'S STATEMENT	recession div	avolines ikazidikya	MURUZAYU		6 101:01	101 31 4V (@ 005)	<u> </u>		
As the attorney for the pers	on represen	ted, who is named above, I here	by affirm that the se	rvices requested are			station. I herel	by request	
Authorization to obtain the service. Estimated Compensation and Expenses: \$OR Approval of services already obtained to be 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 Date 2/15/11									
ATTORNEY'S NAME (First	Panel Astornicy Retained Mitornicy Pro-Se Legal Organization ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS								
Haytham Faraj Pud									
1800 Diagonal Roa	ad, Suit	te 210, Alexandria,	VA 22314	Telephone N	umher	(76	i <mark>0) 521-</mark> 7	7934	
13. DESCRIPTION OF AND JUSTII	TICATION	FOR SERVICES (See Instru	ctions)			SERVICE PROVID	DER		
Dr. Al-Marashi is an exper						stigator		15 Other Medical	
history and politics. He re-	viewed	several hundred Iraq	i Intel. docum	ients 02	Inter	preter/Translator	•	16 🔲 Voice/Audio Analyst	
that were in Arabic to dete	ermine a	authenticity, veracity,	and relevand	2 9 . 03		hologist histrist		17 Hair/Fiber Expert 18 Computer (Hardware/	
15. COURT ORDER				05 06	O Poly	graph Iments Examiner		Software/Systems)	
Financial eligibility of the person repr authorization requested in Item 12 is I			rt's satisfaction, the	.07	.Fine	erprint Analyst		19 Paralegal Services 20 Legal Analyst/Consultant	
audiorizzation requested in mem 12 is i	creby gran	eu.		03		runtant R (Westlaw/Lexis, et		21	
Signature of Presiding Judge or By Or 12/29/2009	rder of the (Court		10		nist/Taxicologist		23 Duplication Services (See Instructions)	
Date of Order		Nunc Pro Tune Dat		13	☐ Wea	pons/Firearms/Explor		24 G Other (Specify)	
Repayment or partial repayment order YES NO	red from the	person represented for this serv	vice at time of autho	nzation. 14	- Peth	ologist/Medical Exam	iner	Iraqi Intel. Expert	
CAN	LEOR S	ERVICES AND EX	PENSES		Zaprada 1	ī lī (COURT	IUSE ONLY	
		XPENSES	Α.	MOUNT CLÁIN	/RD	MATH/TECH		ADDITIONAL	
a. Compensation	ion of ser	vices with dates)			00.00	ADJUSTED AI	MOUNT	REVIEW	
b. Travel Expenses (lodging, parki	ng, meals,	mileage, etc.)		****	1. F 1 1 1 1				
c. Other Expenses		Tarlomen and Design and Section Comments							
GRAND TOTALS (CL.				\$3,0	00.00		\$0.00		
17. PATEES NAME AND MAILIN	NG ADDK	:55				M. C. C.			
Dr. Ibrahim Al-Maras				TIN: .	THE RESERVE	in the second of			
12333 Maravilla Dr., Salinas, CA 93908 Telephone Number:(831) 375-0463									
CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM 11/8/2010 TO 1/13/2011							<u>:</u>		
CLAIM STATUS	Final	Payment 🐼 Interim Pa	yment Number	- + 	in eigen Herrine		upplemental	Payment	
I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment fearing anything of value) from any other source for these services.									
Signature of Claimant/Payee									
18. CERTIFICATION OF ATTORN	EY I here	by certify that the services we	re rendered for this	case.	7.				
		4//A/A	_				1	ا ر در سر ر ر	
Signature of Attorney		MW W	<u> </u>			Date		18//	
		APPROVEDE			Sincle)	CYZ.			
19. TOTAL COMPENSATION	20.	TRAVEL EXPENSES	21. OTH	ER EXPENSES.	4) Tuant 22.	22. TOTAL A \$0.00	MOUNT AP	PROVED/CERTIFIED	
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<u> </u>					$C_{P_{i}}^{I}$				
		esiding Judge		Da	te			Judge Code	
24. TOTAL COMPENSATION	25.	TRAVEL EXPENSES	26. OTH	ER EXPENSES		27. TOTAL A	MOUNT AP	PROVED	
28. PAYMENT APPROVED IN EXC	CESS OF 1	THE STATUTORY THRESH	IOLD UNDER 18	U.S.C. § 3006A(e)	(3)	1 40.00			
Cianana SCI C	1d. C		4-)			<u> </u>		Table Oct	
Signature of Chief.	Juage, Co	urt of Appeals (or Delega	ic)	Da Da	œ	, ,		Judge Code	