

1. CIR./DIST./DIV. CODE VAE	2. PERSON REPRESENTED Moussaoui, Zacarias	VOUCHER NUMBER	FILED JUN 17 2002
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:01-000455-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Moussaoui		8. TYPE PERSON REPRESENTED Adult Defendant	
		9. REPRESENTATION TYPE Federal Capital Prosecution	
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			D.C. DISTRICT COURT ALEXANDRIA, VIRGINIA
11. ATTORNEY'S NAME (First Name, M.L. Last Name, including any suffix) AND MAILING ADDRESS Yamamoto, Alan Hideto 108 North Alfred Street First Floor Alexandria VA 22314 Telephone Number: (703) 684-4700			

12. 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: _____

(A) 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 11, who has been determined to possess the specific qualifications required by law, is appointed to represent this person in this case.

(B) The attorney named in Item 11 is appointed to serve as: LEAD COUNSEL CO-COUNSEL

Name of Co-Counsel or Lead Counsel: _____
 Appointment Date: _____

(C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead counsel or co-counsel).

(D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time for such a period without compensation, interim payments of compensation and expenses are approved pursuant to the attached order.

Signature of Presiding Judicial Officer or By Order of the Court: _____
 Date of Order: 06/17/2002 Nunc Pro Tunc Date: _____

(E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES NO

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

15. CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. In-Court Hearings (Rate per Hour = \$)				IN COURT TOTAL (Category a)	IN COURT TOTAL (Category a)
b. Interviews and Conferences with Client					
c. Witness Interviews					
d. Consultation with Investigators and Experts					
e. Obtaining and Reviewing the Court Record					
f. Obtaining and Reviewing Documents and Evidence					
g. Consulting with Expert Counsel				OUT OF COURT TOTAL (Categories b - j)	OUT OF COURT TOTAL (Categories b - j)
h. Legal Research and Writing					
i. Travel					
j. Other (Specify on additional sheets)					
Totals: Categories b thru j (Rate per hour = \$)					
16. Travel Expenses (lodging, parking, meals, mileage, etc.)					
17. Other Expenses (other than expert, transcripts, etc.)					

18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____	19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	20. CASE DISPOSITION
--	--	----------------------

21. 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: _____

22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED
27. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	27a. JUDGE CODE

187