

**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**

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

**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

**OTHER PROCEEDING**

- k.  Petition for the U.S. Supreme Court  
 l.  Stay of Execution  
 m.  Appeal of Denial of Stay  
 n.  Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay  
 o.  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			
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>			

**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  
 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

