

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

---

UNITED STATES OF AMERICA,

Plaintiff,

Case No. 1:04-CR-165

v

JEFFREY ALAN VISSER,

Defendant.

---

**ORDER**

IT IS ORDERED that the Federal Public Defender for this district is hereby appointed as **STANDBY COUNSEL** to represent defendant in the captioned case. If the Federal Public Defender declines representation, he shall recommend to the Court a member of the CJA panel.

Dated: October 28, 2004

/s/ Hugh W. Brenneman, Jr.

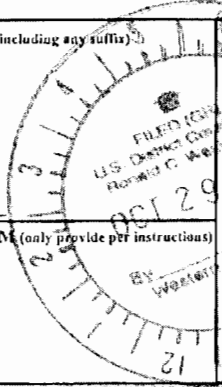
Hugh W. Brenneman, Jr.

United States Magistrate Judge

1. CIR./DIST./DIV. CODE MIW	2. PERSON REPRESENTED Visser, Jeffrey	VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:04-000165-008	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Visser	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case	

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.  
1) 18 1957-4700.F -- FRAUD, POSTAL, INTERSTATE WIRE, RADIO, ETC.

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Garthe, Donald W 3181 Prairie Pkwy SW, Ste 110 Grandville MI 49418-2076  Telephone Number: (616) 532-8310	13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> 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 Signature of Presiding Judicial Officer or By Order of the Court: _____ Date of Order: 10/29/2004 Nunc Pro Tunc Date: _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO	



**CLAIM FOR SERVICES AND EXPENSES** **FOR COURT USE ONLY**

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court 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. Out of Court 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.)					
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>					

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: \_\_\_\_\_

**APPROVED FOR PAYMENT - COURT USE ONLY**

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