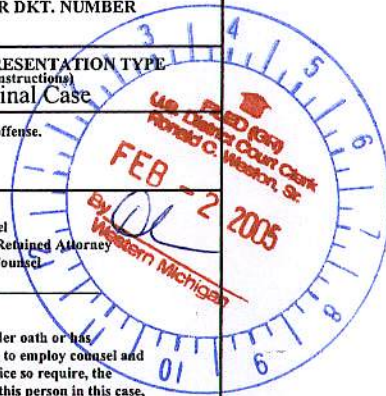


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

| | | | |
|--|--|---|--|
| 1. CIR./DIST./DIV. CODE MIW | 2. PERSON REPRESENTED Besser, George Terrance | VOUCHER NUMBER | |
| 3. MAG. DKT./DEF. NUMBER | 4. DIST. DKT./DEF. NUMBER 1:04-000165-003 | 5. APPEALS DKT./DEF. NUMBER | 6. OTHER DKT. NUMBER |
| 7. IN CASE/MATTER OF (Case Name) U.S. v. Besser | 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 1341.F -- FRAUDS AND SWINDLES

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS
 Dunn, Michael
 Dunn/Gibbons PLC
 McKay Tower, Suite 1303
 146 Monroe Center NW
 Grand Rapids MI 49503
 Telephone Number: _____

13. COURT ORDER
 O Appointing Counsel C Co-Counsel
 F Subs For Federal Defender R Subs For Retired Attorney
 P Subs For Panel Attorney 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
 Other (See Instructions) _____
 Signature of Presiding Judicial Officer or By Order of the Court
 Date of Order: 02/02/2005 Nunc Pro Tunc Date
 Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES NO

14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)

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.) | | | | |
| | | GRAND TOTALS (CLAIMED AND ADJUSTED): | | | | |

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 or 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 |