

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

FLS 13-3001

cc folders 9/11/13

1. CIR./DIST./DIV. CODE FLS	2. PERSON REPRESENTED CHAVES SCOTTON, ROGERIO	VOUCHER NUM
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 0:12-060049-001	5. APPEALS DKT./DEF. NUMBER
6. OTHER DKT. NUMBER	7. IN CASE/MATTER OF (Case Name) <i>RSR</i> US v. CHAVES SCOTTON	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 ADELSTEIN, STUART Suite 410 2929 SW Third Avenue Miami FL 33129  Telephone Number: (305) 358-9222	13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input checked="" 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: <u>ARMSTRONG, JOHN LANCE</u> <i>atly has not submitted voucher</i> Appointment Date: <u>11/16/2012</u> <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Other (See Instructions) <i>R. Rosenbaum</i> Signature of Presiding Judicial Officer or By Order of the Court Date of Order: <u>01/04/2013</u> 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
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) LAW OFFICES OF ADELSTEIN & MATTERS, PA Suite. 410 2929 SW Third Avenue Miami FL 33129 Entered: <u>9/18/13</u> Processed: <u>9/18/13</u>	

RECEIVED CJA SEP - 5 2013

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. a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings	3.6				
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)	1.7				
(Rate per hour = \$ 125 ) TOTALS:	4.3	537.50		537.50	
16. a. Interviews and Conferences	21.6				
b. Obtaining and reviewing records	38.3				
c. Legal research and brief writing	13.4				
d. Travel time	4.0				
e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ 125 ) TOTALS:	67.3	8,450.00	67.3	8,412.50	
17. Travel Expenses (lodging, parking, meals, mileage, etc.)		20.00		20.00	
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):		8,990.00		8,970.00	

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM <u>1/4/13</u> TO <u>7/20/13</u>	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION <u>reflect</u>	21. CASE DISPOSITION <u>OPEN</u>
22. CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (yes give details on additional sheets) I swear or affirm the truth or correctness of the above statements. Signature of Attorney: <u>[Signature]</u> Date: <u>9/3/13</u>		

9/6/13

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 8,970.00
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER <u>R. Rosenbaum</u>			DATE <u>9/13/13</u>	28a. JUDGE / MAG. JUDGE CODE <u>3054</u>
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

CJA 20 APPOINTMENT AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

FLS 13 3020

1. CIR./DIST./DIV. CODE FLS		2. PERSON REPRESENTED CHAVES SCOTTON, ROGERIO			VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 0:12-060049-001		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) (FAM) US v. CHAVES SCOTTON			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 KREISS, JASON W. 1824 SE 4th Avenue Ft. Lauderdale FL 33316  Telephone Number: (954) 525-1971				13. COURT ORDER <input 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 checked="" type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> 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 <input type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer: <i>[Signature]</i> Date of Order: 08/27/2013 Reimbursement or partial reimbursement ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) JASON W. KREISS, PA 1824 SE 4th Avenue Ft. Lauderdale FL 33316						

Entered: 3/25/16  
Processed: 3/25/16

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. a. Arraignment and/or Plea						
b. Bail and Detention Hearings			0.9			
c. Motion Hearings			19.0			
d. Trial			136.0			
e. Sentencing Hearings			3.5			
f. Revocation Hearings						
g. Appeals Court						
h. Other (Specify on additional sheets)			3.9			
(Rate per hour = \$ 125/110/126) TOTALS:			163.3	18,041.80		
16. a. Interviews and Conferences			30.6			
b. Obtaining and reviewing records			42.2			
c. Legal research and brief writing			23.4			
d. Travel time			26.0			
e. Investigative and Other work (Specify on additional sheets)			16.2			
(Rate per hour = \$ 125/110/126) TOTALS:			138.4	15,782.90		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)		1697.70		647.70		
18. Other Expenses (other than expert, transcripts, etc.)		897.80		97.80		
GRAND TOTALS (CLAIMED AND ADJUSTED):		3497.00		34570.20		

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM 8/27/13 TO 8/21/14			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION 09	
22. CLAIM STATUS <input checked="" type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: 11/30/15						
23. IN COURT COMP. 18,041.80			24. OUT OF COURT COMP. 15,782.90		25. TRAVEL EXPENSES 4,477.70	
26. OTHER EXPENSES 97.10			27. TOTAL AMT. APPR / CERT 34,570.20		28. JUDGE / MAG. JUDGE CODE 3033	
29. IN COURT COMP.			30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES			33. TOTAL AMT. APPROVED 34,570.20		34a. JUDGE CODE 1-36	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. <i>[Signature]</i>			DATE 3-16-16			

11/4

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cc Gladwin 01/08/16

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*[Signature]*  
Date of Order: 08/27/2013