**OFFICE OF THE FEDERAL DEFENDER**
**EASTERN DISTRICT OF CALIFORNIA**
**801 I STREET, 3rd FLOOR**
**SACRAMENTO, CALIFORNIA 95814**
*(916) 498-5700 Fax: (916) 498-5710*

*Daniel J. Broderick*
*Federal Defender*

*Linda Harter*
*Chief Assistant Defender*

July 16, 2007

**FILED**
JUL 19 2007
CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY _____ DEPUTY CLERK

07CR248 EJG

Ms. Dina Santos
Attorney at Law
428 J Street, #350
Sacramento, CA 95814

Re: **U.S. v. Jose ANgel Villasenor**
**Mag.-07-207-KJM**

Dear Ms. Santos:

This will confirm your appointment as counsel by the Honorable Kimberly J. Mueller, U.S. Magistrate Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,

CYNTHIA L. COMPTON
CJA Panel Administrator

:clc
Enclosures

cc: Clerk's Office

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

| 1. CIR./DIST./DIV. CODE | 2. PERSON REPRESENTED | VOUCHER NUMBER |
|---|---|---|
| CAE | Villasenor, Jose Angel | |

| 3. MAG. DKT./DEF. NUMBER | 4. DIST. DKT./DEF. NUMBER | 5. APPEALS DKT./DEF. NUMBER | 6. OTHER DKT. NUMBER |
|---|---|---|---|
| 2:07-000207-018 | | | |

| 7. IN CASE/MATTER OF (Case Name) | 8. PAYMENT CATEGORY | 9. TYPE PERSON REPRESENTED | 10. REPRESENTATION TYPE (See Instructions) |
|---|---|---|---|
| U.S. v. Amaro | Felony | Adult Defendant | 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) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS
Santos, Dina
428 J Street
Suite 359
Sacramento CA 95814

Telephone Number: (916) 447-0160

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

13. 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: _____

☐ 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

06/27/2007
Date of Order

Nunc Pro Tunc Date

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

| 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 = $ 94 ) 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 = $ 94 ) TOTALS: | | | | | |
| 17. | Travel Expenses (lodging, parking, meals, mileage, etc.) | | | | | |
| 18. | Other Expenses (other than expert, transcripts, etc.) | | | | | |

| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION | 21. CASE DISPOSITION |
|---|---|---|
| FROM _____ TO _____ | | |

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: _____

| 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 |
|---|---|---|
| | | |

# FINANCIAL AFFIDAVIT

Rev. 5/98 IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES

IN UNITED STATES ☒ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

IN THE CASE: U.S. V.S. Villasenor

FOR: E/CA

AT: Sacramento CA

LOCATION NUMBER: CAESC

PERSON REPRESENTED (Show your full name): José Angel Villasenor

CHARGE/OFFENSE (describe if applicable & check box →): ☒ Felony ☐ Misdemeanor

21 USC 841(a)(1), 846

1 ☒ Defendant—Adult
2 ☐ Defendant - Juvenile
3 ☐ Appellant
4 ☐ Probation Violator
5 ☐ Parole Violator
6 ☐ Habeas Petitioner
7 ☐ 2255 Petitioner
8 ☐ Material Witness
9 ☐ Other

DOCKET NUMBERS
Magistrate: 07-207 KJM
District Court:
Court of Appeals:

## ANSWERS TO QUESTIONS REGARDING ABOVE

**EMPLOYMENT**

Are you now ☐ Yes ☐ No ☐ Am Self-Employed

Name and address of employer: Musician

IF YES, how much do you earn per month? $ 2,000/MO

IF NO, give month and year of last employment How much did you earn per month? $

If married is your Spouse employed? ☒ Yes ☐ No

IF YES, how much does your Spouse earn per month? $ 3,000

If a minor under age 21, what is your Parents or Guardian's approximate monthly income? $

**ASSETS**

**OTHER INCOME**

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☐ Yes ☒ No

IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES

| RECEIVED | SOURCES |
|---|---|
| $ Ø | |

**CASH**

Have you any cash on hand or money in savings or checking accounts? ☒ Yes ☐ No IF YES, state total amount $ 300.00

**PROPERTY**

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☐ No

IF YES, GIVE THE VALUE AND DESCRIBE IT

| VALUE | DESCRIPTION |
|---|---|
| $ 30,000. | Pickup - Kia - 2006 |

**DEPENDENTS**

MARITAL STATUS: ☐ SINGLE ☒ MARRIED ☐ WIDOWED ☐ SEPARATED OR DIVORCED

Total No. of Dependents: 3

List persons you actually support and your relationship to them:
Maria Villanasenor wife
José Angel = 2
Paloma = 4

**OBLIGATIONS & DEBTS**

DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)

| APARTMENT OR HOME: | Creditors | Total Debt | Monthly Paymt. |
|---|---|---|---|
| Rent | | $ | $ 1,400 |
| Car Pymt | | $ | $ 500 |
| Utilities | | $ | $ 200 |
| Food | | $ | $ 400 |

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 6/27/07

SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED): José Villasenor