OFFICE OF THE FEDERAL DEFENDER
EASTERN DISTRICT OF CALIFORNIA
801 I STREET, 3rd FLOOR
SACRAMENTO, CALIFORNIA 95814

Daniel J. Broderick
Federal Defender

(916) 498-5700 Fax: (916) 498-5710

Linda Harter
Chief Assistant Defender

July 16, 2007

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

Mr. Michael B. Bigelow
Attorney at Law
428 J Street, #350
Sacramento, CA 95814

07CR248 EJG

Re: **U.S. v. Ernest Paul Killinger**
Mag.-07-207-KJM

Dear Mr. Bigelow:

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	Kininger, Ernest Paul	

3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
2:07-000207-003			

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
BIGELOW, MICHAEL B.
428 J STREET #350
SACRAMENTO CA 95814

Telephone Number: (916) 443-0217

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

06/28/2007
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

6/29/07 Detention hearing 7/12/07 2:00 pm Freeline.

FINANCIAL AFFIDAVIT

CJA 23 (Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

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

IN THE CASE OF: UNITED STATES vs.

FOR: EASTERN DISTRICT OF CA

AT: SACRAMENTO, CALIFORNIA

LOCATION NUMBER: CAESC

DOCKET NUMBERS: Magistrate / District Court / Court of Appeals

PERSON REPRESENTED (Show your full name): Ernest Killenger

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

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 (Specify)

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS

EMPLOYMENT

Are you now employed? ☐ Yes ☑ No ☐ Am Self Employed

Name and address of employer:

IF YES, how much do you earn per month? $

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? $

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

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 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
	self-employed 600 per month

CASH

Have you any cash on hand or money in savings or checking account ☑ Yes ☐ No IF YES, state total amount $ 100.00

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
	condo in Salinas – owes 300,000$
	hasn't paid mortgage.

OBLIGATIONS & DEBTS

DEPENDENTS

MARITAL STATUS: SINGLE / MARRIED / WIDOWED / SEPARATED OR DIVORCED

Total No. of Dependents: 2

List persons you actually support and your relationship to them: 5 year old; 2 year old

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

APARTMENT OR HOME:	Creditors	Total Debt	Monthly Payt.
rent 500$	total debt $350,000	$	$
~~[illegible]~~	Kuyl Lepent Creditors	$	$
utils 200$		$	$
food 400$		$	$

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 6/28/07

SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED): [signature]