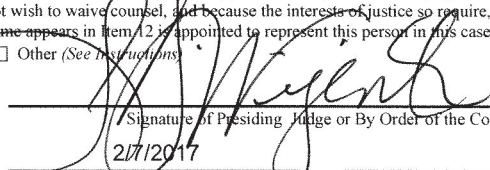


APPENDIX A

1. CIR./DIST./ DIV. CODE		2. PERSON REPRESENTED TRAVIS THOMAS		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:16-CR-324-01		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER					
7. IN CASE/MATTER OF (Case Name) USA V. TRAVIS THOMAS		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
				10. REPRESENTATION TYPE (See Instructions) CC	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 21:846 HEROIN POSSESSION, DISTRIBUTION AND CONSPIRACY (8 COUNTS)					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Jason F. Orlando, Esq. Murphy Orlando, LLC 30 Montgomery Street, 11th Floor Jersey City, New Jersey 07302 Telephone Number : (201) 451-5000			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input checked="" type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: LETICIA OLIVERA, AFPD Appointment Dates: _____ <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 Judge or By Order of the Court 2/7/2017 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> 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
15. In Court					
a. Arraignment and/or Plea			0.00		0.00
b. Bail and Detention Hearings			0.00		0.00
c. Motion Hearings			0.00		0.00
d. Trial			0.00		0.00
e. Sentencing Hearings			0.00		0.00
f. Revocation Hearings			0.00		0.00
g. Appeals Court			0.00		0.00
h. Other (Specify on additional sheets)			0.00		0.00
(RATE PER HOUR = \$) TOTALS:		0.00	0.00	0.00	0.00
16. Out of Court					
a. Interviews and Conferences			0.00		0.00
b. Obtaining and reviewing records			0.00		0.00
c. Legal research and brief writing			0.00		0.00
d. Travel time			0.00		0.00
e. Investigative and other work (Specify on additional sheets)			0.00		0.00
(RATE PER HOUR = \$) TOTALS:		0.00	0.00	0.00	0.00
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):			0.00		0.00
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 <input 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 representation? <input type="checkbox"/> YES <input 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 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 _____					
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. \$0.00	
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED \$0.00	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE	34a. JUDGE CODE	

UNITED STATES COURT OF APPEALS FOR THE THIRD CIRCUIT

No. 17-3549

USA v. Travis Thomas

(U.S. District Court No. 2-16-cr-00324-001)

ORDER REGARDING APPOINTMENT OF COUNSEL

Jason F. Orlando, Esq. is hereby appointed to represent **Travis Thomas** on appeal. The appointment will be created in the Court's eVoucher program. Counsel is directed to the eVoucher page for information regarding the appointment terms and procedures.

CJA 20, 30, 21 and 31 vouchers are submitted for payment through the Court's eVoucher program. Upon receiving separate email notification of this appointment from the Court's CJA staff, counsel may create CJA 20, 30, 21 and 31 vouchers for use in maintaining time and expense records and paying for expert services.

Authorization for preparation of transcripts must be obtained in the District Court. Deadlines for ordering and filing the transcripts will be set by this Court. Counsel is required to file the transcript purchase order in this Court and should indicate in Part 1B of the form that the "CJA form submitted to District Court Judge". Counsel must complete the transcript request by filing an "Auth-24" request in the District Court's eVoucher program. Financial arrangements for the transcripts will not be considered complete until counsel has submitted an "Auth-24" request through the District Court's eVoucher program.

For the Court,

s/ Marcia M. Waldron
Clerk

Dated: November 24, 2017
PDB/cc: Mark E. Coyne Esq.
Jason F. Orlando Esq.