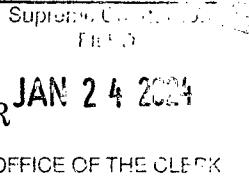


No. 23-6608

IN THE
SUPREME COURT OF THE UNITED STATES

Mary Moore Mooney
(Your Name)

PETITIONER



VS.

United States of America — RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis*.

Please check the appropriate boxes:

Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):

9:14-CR-00054 DCN-2 19-cv-02952-DCN

17-4573 (4th Cir. 2019) 23-6485 (4th Cir. 2023)

Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

Petitioner's affidavit or declaration in support of this motion is attached hereto.

Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

The appointment was made under the following provision of law: _____
_____, or

A copy of the order of appointment is appended.

10/14/15 dkt 177 >Attached
8/14/14 dkt 107
Text ORDER 4/1/14 dkt 76

Mary M Mooney
(Signature)
1/24/2024

**AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS***

I, Mary Moore Mooney, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 1,500.00	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 300.00	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 2.00	\$ N/A	\$ 2.00	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child Support	\$ 0	\$ N/A	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 1,530.00	\$ N/A	\$ 1,579.00	\$ N/A
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A
Other (specify): _____	\$ 0	\$ N/A	\$ 0	\$ N/A
Total monthly income:	\$ 3,032.00	\$ N/A	\$ 1,581.00	\$ N/A

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
Glenview Country Club	3194 Glenview Rd The Villages, FL	9/22 - 11/23/23	\$600 to 1,500 a month
World of Beer	2751 Torch Lake Dr The Villages, FL	10/21 - 9/22	\$600 to 1,000 a month

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
N/A	N/A	N/A	\$ N/A
			\$
			\$

4. How much cash do you and your spouse have? \$289.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
SECU. Checking	\$129.00	\$ N/A
SECU. Savings	\$100.00	\$ N/A
Wells Fargo Checking	\$60.00	\$ N/A

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home
Value N/A

Other real estate
Value N/A

Motor Vehicle #1
Year, make & model 2005 Buick LaSabre
Value \$1,500.00

Motor Vehicle #2
Year, make & model N/A
Value N/A

Other assets
Description N/A
Value N/A

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ 100.00	\$ N/A
gas		
Recreation, entertainment, newspapers, magazines, etc.	\$ 20.00	\$ N/A
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	\$ 10.00	\$ N/A
Life	\$ 0	\$ N/A
Health	\$ 172.00	\$ N/A
Motor Vehicle	\$ 65.00	\$ N/A
Other: _____	\$ 0	\$ N/A
Taxes (not deducted from wages or included in mortgage payments)		
(specify): <u>Rental</u> <u>House Taxes paid yearly</u> ÷ 12 =	\$ 100.00	\$ N/A
Installment payments		
Motor Vehicle	\$ 0	\$ N/A
Credit card(s)	\$ 50.00	\$ N/A
Department store(s)	\$ 0	\$ N/A
Other: _____	\$ 0	\$ N/A
Alimony, maintenance, and support paid to others	\$ 0	\$ N/A
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ N/A
Other (specify): <u>Restitution</u>	\$ 229.50	\$ N/A
Total monthly expenses:	\$ 3083.50	\$ N/A

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
\$ <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
\$ <u></u>	\$ <u></u>	\$ <u></u>

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u></u>	<u></u>	<u></u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>1,250.00</u>	\$ <u>N/A</u>
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone) + <u>100</u>	\$ <u>431.00</u>	\$ <u>N/A</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>N/A</u>
Food	\$ <u>400.00</u>	\$ <u>N/A</u>
Clothing	\$ <u>50.00</u>	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>0</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>200.00</u>	\$ <u>N/A</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? Yes No

If yes, how much? _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes No

If yes, how much? _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

*Judgement and Commitment order document # 300 filed 9/7/2017
ordered to pay \$ 50.00 per month yet when I started getting
Social Security the government started taking more money
The amount is set according to a percent of my SS check.*

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: Jan. 24, 2023, 2024

Mary M. Mooney
(Signature)

1. CIR./DIST./DIV. CODE SCX	2. PERSON REPRESENTED MOONEY, MARY			VOUCHER NUMBER																																																																																																		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 9:14-000054-002	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER																																																																																																		
7. IN CASE/MATTER OF (Case Name) US v. MOONEY		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) 18 371.F -- CONSPIRACY TO DEFRAUD THE UNITED STATES																																																																																																						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS DICKSON JR., G. WELLS Wells Dickson, P.A. Post Office Box 819 Kingstree SC 29556		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: _____ 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) s/Mary Gordon Baker Signature of Presiding Judicial Officer or By Order of the Court <u>08/14/2014</u> Date of Order 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) WELLS DICKSON, PA Post Office Box 819 Kingstree SC 29556																																																																																																						
<table border="1"> <thead> <tr> <th colspan="2">CLAIM FOR SERVICES AND EXPENSES</th> <th colspan="3">FOR COURT USE ONLY</th> </tr> <tr> <th colspan="2">CATEGORIES (Attach itemization of services with dates)</th> <th>HOURS CLAIMED</th> <th>TOTAL AMOUNT CLAIMED</th> <th>MATH/TECH ADJUSTED HOURS</th> </tr> </thead> <tbody> <tr> <td rowspan="8">In Court</td> <td>a. Arraignment and/or Plea</td> <td></td> <td rowspan="8"></td> <td rowspan="8"></td> </tr> <tr> <td>b. Bail and Detention Hearings</td> <td></td> </tr> <tr> <td>c. Motion Hearings</td> <td></td> </tr> <tr> <td>d. Trial</td> <td></td> </tr> <tr> <td>e. Sentencing Hearings</td> <td></td> </tr> <tr> <td>f. Revocation Hearings</td> <td></td> </tr> <tr> <td>g. Appeals Court</td> <td></td> </tr> <tr> <td>h. Other (Specify on additional sheets)</td> <td></td> </tr> <tr> <td colspan="2">(Rate per hour = \$) TOTALS:</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="5">Out of Court</td> <td>a. Interviews and Conferences</td> <td></td> <td rowspan="5"></td> <td rowspan="5"></td> </tr> <tr> <td>b. Obtaining and reviewing records</td> <td></td> </tr> <tr> <td>c. Legal research and brief writing</td> <td></td> </tr> <tr> <td>d. Travel time</td> <td></td> </tr> <tr> <td>e. Investigative and Other work (Specify on additional sheets)</td> <td></td> </tr> <tr> <td colspan="2">(Rate per hour = \$) TOTALS:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>17. Travel Expenses (lodging, parking, meals, mileage, etc.)</td> <td></td> <td rowspan="2"></td> <td rowspan="2"></td> </tr> <tr> <td>18. Other Expenses (other than expert, transcripts, etc.)</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;">GRAND TOTALS (CLAIMED AND ADJUSTED):</td> </tr> <tr> <td colspan="2">19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____</td> <td colspan="2">20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION</td> <td>21. CASE DISPOSITION</td> </tr> <tr> <td colspan="5"> 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 case? <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: _____ </td> </tr> <tr> <td colspan="5" style="text-align: center;">APPROVED FOR PAYMENT - COURT USE ONLY</td> </tr> <tr> <td>23. IN COURT COMP.</td> <td>24. OUT OF COURT COMP.</td> <td>25. TRAVEL EXPENSES</td> <td>26. OTHER EXPENSES</td> <td>27. TOTAL AMT. APPR / CERT</td> </tr> <tr> <td colspan="3">28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER</td> <td>DATE</td> <td>28a. JUDGE / MAC. JUDGE CODE</td> </tr> <tr> <td>29. IN COURT COMP.</td> <td>30. OUT OF COURT COMP.</td> <td>31. TRAVEL EXPENSES</td> <td>32. OTHER EXPENSES</td> <td>33. TOTAL AMT. APPROVED</td> </tr> <tr> <td colspan="3">34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.</td> <td>DATE</td> <td>34a. JUDGE CODE</td> </tr> </tbody></table>					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	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:					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 <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 case? <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	28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAC. 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
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																																																																																																		
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:																																																																																																						
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 <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 case? <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																																																																																																		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAC. 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																																																																																																		

1. CIR/DIST/DIV. CODE SCX	2. PERSON REPRESENTED MOONEY, MARY			VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 9:14-000054-002	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) US v. MOONEY		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) 18 371.F -- CONSPIRACY TO DEFRAUD THE UNITED STATES				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS DICKSON JR., G. WELLS Wells Dickson, P.A. Post Office Box 819 Kingstree SC 29556 Telephone Number: (843) 354-5519		13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input checked="" type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney Prior Attorney's Name: Ann Walsh Appointment Date: 4/7/2014 <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)		
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) WELLS DICKSON, PA Post Office Box 819 Kingstree SC 29556		s/Wallace W. Dixon Signature of Presiding Judicial Officer or By Order of the Court 08/14/2014 Date of Order Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO Nunc Pro Tunc Date		
15. CLAIM FOR SERVICES AND EXPENSES				
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS
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:		
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 <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 case? <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
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