


1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED <b>Brian David Hill</b>	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER <b>1:13-cr-435-1</b>	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) <b>U.S. v. Brian David Hill</b>	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)
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>			

**REQUEST AND AUTHORIZATION FOR TRANSCRIPT**

12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) <b>Appeal timely filed, Dkt. #187 PRO SE NOTICE OF APPEAL (Interlocutory), Dkt. #190 PRO SE NOTICE OF APPEAL without payment of fees, Dkt. #191 Electronic Transmission of Notice of Appeal and Docket Sheet as to BRIAN DAVID HILL</b>	
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). <b>Dkt. 186 Minute Entry for proceedings held before CHIEF JUDGE THOMAS D. SCHROEDER in WS-2:FINAL HEARING RE REVOCATION OF SUPERVISED RELEASE as to BRIAN DAVID HILL held on 9/12/2019. (Court Reporter Briana Bell.)</b>	
14. SPECIAL AUTHORIZATIONS	JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)	
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> 3-Day <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited	
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions	
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.	

15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. <div style="text-align: center;">                       _____                      Signature of Attorney <i>Signed</i>      Date <b>09/21/2019</b>  <b>Brian David Hill</b>                      Printed Name                      Telephone Number: <b>(276) 790-3505</b>  <input type="checkbox"/> Panel Attorney    <input type="checkbox"/> Retained Attorney    <input checked="" type="checkbox"/> Pro-Se    <input type="checkbox"/> Legal Organization                 </div>	16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. _____ Signature of Presiding Judge or By Order of the Court _____ Date of Order      Nunc Pro Tunc Date
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**CLAIM FOR SERVICES**

17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other	18. PAYEE'S NAME AND MAILING ADDRESS <b>Briana Bell, Court Reporter, U.S. District Court                  251 N. Main Street, Winston-Salem, NC 27101</b> Telephone Number: _____
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE	

20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original		80	\$4.25			\$340.00
Copy						
Expense (Itemize)						
<b>TOTAL AMOUNT CLAIMED:</b>						

21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____	
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**ATTORNEY CERTIFICATION**

22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. Signature of Attorney or Clerk _____ Date _____	
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**APPROVED FOR PAYMENT — COURT USE ONLY**

23. APPROVED FOR PAYMENT Signature of Judge or Clerk of Court _____ Date _____	24. AMOUNT APPROVED
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