

**UNITED STATES COURT OF APPEALS
FOR THE FOURTH CIRCUIT**

1100 East Main Street, Suite 501, Richmond, Virginia 23219

October 22, 2014

**FEE NOTICE FOR CRIMINAL AND
POST-JUDGMENT CRIMINAL CASES**

No. 14-7543, US v. Jeffrey MacDonald
3:75-cr-00026-F-1

**FEE: \$505 DUE TO DISTRICT COURT OR CJA 23 APPLICATION DUE
TO COURT OF APPEALS: November 6, 2014**

TO: Jeffrey R. MacDonald

To pursue this appeal, appellant must pay the applicable filing fee **to the Clerk, U.S. District Court**. If appellant is financially unable to pay the fee, appellant may file a **CJA 23 Application to Proceed under CJA under seal** with the Court of Appeals. Appellant must either pay the fee to the district court or file the CJA 23 Application **under seal** with the Court of Appeals within 15 days of the date of this notice or this court will initiate the process set forth in Local Rule 45 to dismiss this appeal for failure to prosecute.

RJ Warren, Deputy Clerk
804-916-2702

CONFIDENTIAL

CJA 23

(Rev. 4cca 3/12)

FINANCIAL AFFIDAVIT

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

IN THE UNITED STATES DISTRICT COURT COURT OF APPEALS OTHER (Specify below)

IN THE CASE OF

FOR

v.

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

- 1 Defendant - Adult
- 2 Defendant - Juvenile
- 3 Appellant
- 4 Probation Violator
- 5 Supervised Release Violator
- 5 Habeas Petitioner
- 7 2255 Petitioner
- 8 Material Witness
- 9 Other (Specify)

DOCKET NUMBERS
Magistrate Judge
District Court
Court of Appeals

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

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

INCOME & ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES , how much does your spouse earn per month? \$ IF YES , what is the approximate monthly income of your parent(s) or guardian(s)? \$
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No RECEIVED SOURCES IF YES , give the amount \$ received and identify the sources \$
	CASH	Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES , total amount? \$
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No VALUE DESCRIPTION IF YES , give value and description for each \$ \$ \$ \$

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS Single Married Widowed Separated or Divorced	List persons you actually support and your relationship to them Total No. of Dependents
	DEBTS & MONTHLY BILLS <i>(Rent, utilities, loans, charge accounts, etc.)</i>	DESCRIPTION	TOTAL DEBT MONTHLY PAYMENT \$ \$ \$ \$ \$ \$ \$ \$

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

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Date