

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN BERNARDINO**

VENDOR CODE _____

COMMENTS (96) _____ (24)
 _____ (24)
 _____ (24)
 _____ (24)

DOCUMENT ID: _____

 DOCUMENT TOTAL \$ _____

	G/L ACCT	COST/FUND CENTER	Functional Area PECT	FUND	AMOUNTS
LINE 1:					\$ _____
LINE 2:					\$ _____
LINE 3:					\$ _____
LINE 4:					\$ _____

Page ____ of ____

APPOINTED ATTORNEY FEES

Dependency Cases and Family Law 3150 Minor's Counsel

(PLEASE TYPE OR PRINT LEGIBLY) CHECK HERE IF NEW ADDRESS

CLAIM OF _____ BAR NO. _____

ADDRESS _____

CITY, STATE _____ ZIP _____

E-MAIL _____ PHONE _____

CASE NO. _____

CASE NAME _____

CLIENT NAME _____

APPOINTMENT DATE _____

I hereby certify under penalty of perjury that the foregoing claim for services is true and correct (CCP 2015.5), that I have been continually duly licensed to practice as an attorney in the State of California for the time period during which the services claimed were rendered, that I was appointed pursuant to applicable California Code to represent the named client, and that no part of this claim has previously been presented or paid.

Declarant

Date

CHECK TYPE OF APPOINTMENT: Dependency; Family Law Code 3150 Minor's Counsel**

All Fees per Local Rules of Court Chapter 14 — All claims for attorney fees must be submitted within sixty (60) days of completion of case per Local Rule of Court 1414.**

Note: * Billing must comply with Court's Appointed Service Fee Schedule. Attach additional pages with itemized detail by date and time as required.

** Claims for Family Law cases must be submitted monthly per Local Rule of Court 1417.

	DATE(S)*	AMOUNT
Appointment Fee (includes entry of plea, conferences, cases preparation and appearances)*	_____	\$ _____
Written motions and/or evidentiary hearings, collectively on a complaint and not to exceed 3 hours*	_____	\$ _____
Trial (full day/half day) on civil or family law complaint*	_____	\$ _____
Additional court appearances not for convenience of appointed attorney*	_____	\$ _____
Preparation and appearances regarding stipulated agreements*	_____	\$ _____
Out-of-court time reasonably expended at Court discretion.* Attach additional pages with itemized detail by date and time.	_____	\$ _____
Special expense(s) at Court discretion and pursuant to Local Rule of Court 1415 (original receipts required):	_____	\$ _____

CLAIM TOTAL \$ _____

ADDITIONAL CLAIM FORMS AND THE COURT'S LOCAL RULES AND APPOINTED SERVICES FEE SCHEDULE ARE AVAILABLE ON THE COURT'S WEBSITE: www.sb-court.org

The Superior Court of California, County of San Bernardino is hereby directed to issue a warrant in the amount of \$ _____ in payment of attorney fees and costs to the above-named declarant.

Judge

Date

I certify that the above services were directed by the appropriate authority and verified in accordance with established procedures.

Verifying Official

Date

APPROVAL FOR PAYMENT: I hereby certify that I have examined the facts of the transaction herein set forth as evidenced by the information hereon and documents attached hereto. All verifications, certification, and checking of computations required by the Government Code have been complied with and this claim in the total amount shown is hereby approved for payment.

APPROVED / PARKED BY _____ DATE _____

APPROVED / PARKED BY _____ DATE _____