

SAN BERNARDINO COUNTY SUPERIOR COURT

APPOINTED ATTORNEY FEES

Criminal, Delinquency, Appellate Cases

INTERNAL USE ONLY			
COUNTY ISSUED VENDOR CODE	GENERAL LEDGER	INVOICE NUMBER	DOCUMENT TOTAL
	_____ 5 2 0 0 2 4 4 0		\$ _____

Invoice Date _____ Page ____ of ____

CHECK TYPE OF APPOINTMENT: Misdemeanor Felony Writ of Habeas Corpus (WHC) Sexually Violent Predator (SVP) Delinquency Appellate Division

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.

(PLEASE TYPE OR PRINT LEGIBLY)

CHECK HERE IF NEW ADDRESS

CLAIM OF _____ BAR NO. _____

CASE NO. _____

ADDRESS _____

CASE NAME _____

CITY, STATE _____ ZIP _____

APPOINTMENT DATE _____

E-MAIL _____ PHONE _____

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

Note: Billing must comply with Court's Appointed Services Fee Schedule.

DATE(S)	SERVICE PERFORMED/DESCRIPTION	HOURS	MILEAGE*	EXPENSE**	AMOUNT
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Attach additional pages with itemized detail by date and time if necessary (Form 18395)					Total from additional pages \$ _____

*Mileage (to/from courthouse) may be paid at Court-approved rate at Court's discretion only if case is transferred to another courthouse exceeding 30 miles from appointing courthouse.

**Special expense(s) are at Court discretion and pursuant to Local Rule of Court 1411 (original receipts required).

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/forms-and-rules

CLAIM TOTAL \$ _____

The Auditor/Controller of the 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.

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

_____ *Court Verifying Official Print Name*

_____ *Court Verifying Official Signature*

_____ *Date*

_____ *Judge*

_____ *Date*

_____ *Approving Authority Print Name*

_____ *Approving Authority Signature*

_____ *Date*

COUNT REVIEWER PAYMENT APPROVAL: I hereby certify that I have examined the facts of the transaction(s) herein set forth as evidenced by the information hereon and the documents attached hereto. All verifications, certification, and computation checking required by the County Charter and Government Codes have been complied with and this claim in the total amount shown is hereby approved for payment.

COUNTY REVIEWER INITIALS _____ DATE _____

CAO ANALYST INITIALS _____ DATE _____