

**SAN BERNARDINO COUNTY
SUPERIOR COURT**

VENDOR CODE

COMMENTS (96)

(24)

(24)

(24)

(24)

DOCUMENT ID:
PV IDC

TRANS DEPT. PV NUMBER

DOCUMENT TOTAL

\$

LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
	AAA	IDC		200	2440		
LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
	AAA	IDC		200	2440		
LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
	AAA	IDC		200	2440		

Page ____ of ____

APPOINTED ATTORNEY FEES

Criminal, Delinquency, Appellate Cases

(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 _____

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: Felony — Complaint; Felony — Informational/indictment; Complex Felony (LRC 1403); Misdemeanor; 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.

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

	DATE(S)*	AMOUNT
Appointment Fee (includes conferences, preparation and appearances except as specifically authorized)*	_____	\$ _____
Appointment to represent additional pending cases for same client*	_____	\$ _____
Court appearances as specifically authorized*	_____	\$ _____
Trial (full day/half day)*	_____	\$ _____
Violation of Probation Hearings*	_____	\$ _____
Violation of Probation Hearings for additional pending cases for same client*	_____	\$ _____
Motions and/or hearings*	_____	\$ _____
Appointment to represent witness*	_____	\$ _____
Mileage if specifically authorized*	_____	\$ _____
Out-of-court time reasonably expended at Court discretion if specifically authorized.* Attach additional pages with itemized detail.	_____	\$ _____
Special expense(s) at Court discretion and pursuant to Local Rule of Court 1415 (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

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.

Judge

Date

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

Verifying Official

Date

Approving Authority

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.

COUNTY AUDITOR/CONTROLLER BY _____ DATE _____