

CALIFORNIA TRIAL COURTS, CITY AND COUNTY OF SAN FRANCISCO

<b>IN RE THE MATTER OF:</b>	<b>CASE NO.</b>
	<b>ORDER FOR ATTORNEY FEES</b>

**ORDER FOR PAYMENT OF COMPENSATION IN JUVENILE DEPENDENCY CASE**

Pursuant to an order of appointment made by Judge \_\_\_\_\_ on \_\_\_\_\_ date, the attorney named below represented a party on the day(s) set forth in the attached worksheet.

If BASF reassigned the appointment to the attorney below, state the date here \_\_\_\_\_

The court finds that the attorney did perform work and is entitled to compensation as follows:

Total Hours		
Hourly Rate	\$98.00	
Compensation in the sum of		
Less: 5% administration fee		
Necessary expenses due Attorney		
TOTAL now payable to Attorney		
Previous total billings to the Court for this case		

The Court orders that a warrant be drawn by the Controller upon the Treasurer from the General Fund of the City and County of San Francisco in favor of the following:

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Attorney Name and Bar Number: \_\_\_\_\_

Address: \_\_\_\_\_

Vendor ID: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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**Date**

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**Dependency Representation Program  
Attorney Administrator**

Mother's Name (Last, First) \_\_\_\_\_

**In Re the Matter of:**

**CASE NO.**

**DECLARATION OF COUNSEL RE  
ATTORNEYS' FEES**

In this action I am the attorney for \_\_\_\_\_ . (e.g., mother, father, minor, de facto parent.)

Minor(s) age(s): \_\_\_\_\_

The stage of proceedings being billed is \_\_\_\_\_ to \_\_\_\_\_ .  
(e.g., Detention or Detention to Jurisdiction; Disposition to DSR, Post PPH, Other).

Mother's Attorney: \_\_\_\_\_ Father's Attorney: \_\_\_\_\_

Minor's Attorney : \_\_\_\_\_ Other Attorney(s): \_\_\_\_\_  
(e.g. for de facto parent, relative)

City Attorney: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Date Case was closed, transferred, or appointment was terminated \_\_\_\_\_

Brief narrative statement describing current legal issues and attorney work:

County, State where children currently reside: \_\_\_\_\_

Parents living situation (e.g. homeless, hospitalized, incarcerated, treatment):

I have not received payment from any outside source except as follows:

**AMOUNT:** \_\_\_\_\_ **RECEIVED FROM:** \_\_\_\_\_ **PURPOSE:** \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing, and the information provided on the attachments, is true and correct. I agree to produce, upon request, records concerning the specific times and total hours billed to the Court for in- and out-of-court services as requested.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature



