

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO
ORDER FOR PAYMENT OF COMPENSATION IN APPELLATE CASE**

_____ APPELLANT v. PEOPLE OF THE STATE OF CALIFORNIA, RESPONDENT	SCN: _____ APPEAL NO: _____
ORDER FOR ATTORNEY FEES	

Pursuant to PC §987(a) and 987.2, an order of appointment was made by Judge _____
on _____, the attorney named below was appointed to represent Appellant.

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

Total Hours	
Hourly Rate	
Compensation in the sum of	
Less 5% Administrative Processing Fee	
Expenses*	
TOTAL now payable to Attorney	
Previous total billings to the Court for this case on appeal	

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:

Attorney Name: _____ Bar Number: _____

Address _____

Phone _____ Tax ID: _____

Counts resulting in conviction or other adverse disposition (list major count first):

Type of proceeding: Jury Trial Court trial Guilty Plea Probation violation Other

Appeal of denial of 1538.5? Yes No
 Appeal from final judgment? Yes No
 Sentence or disposition: Probation Other
 Is this a fiscal year-end bill? Yes No

*Please provide breakdown and receipts for all expenses for which you seek reimbursement.

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Decision of Court re Appeal:

Brief explanation of any extraordinary billing activity (optional):

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 all attachments, are 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 _____ Signature _____

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**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO
ATTORNEY FEE APPELLATE WORKSHEET**

Each column must be completed for each entry.
All hours should be listed in tenths (0.10) or quarters (0.25 or 0.75) of an hour.

TASK	HOURS BILLED
(1) Communications with Client and/or Trial counsel	
(2) Time Spent for Review of Record Length (number of pages reviewed) CT: _____ RT: _____ OTHER: _____	
(3) Extensions of Time How many extensions? _____	
(4) Motions to Augment How many motions to augment? _____	
(5) Other Motions ¹ Please specify: _____ How many other motions? _____	
(6) Opening Brief Date filed: _____ <input type="checkbox"/> Abandoned <input type="checkbox"/> Involuntary dismissal by the Court <input type="checkbox"/> <u>Wende</u> Was approval granted to exceed page limit? <input type="checkbox"/> Yes <input type="checkbox"/> No Total number of pages: _____ Number of issues briefed: ¹ _____	
(7) Unbriefed issues ¹	
(8) Reply brief	
(9) Supplemental or letter briefs	
(10) Review of Opposing brief(s) Length (number of pages of opposing brief(s)): _____	
(11) Oral Argument <input type="checkbox"/> Submitted on papers <input type="checkbox"/> Appeared and argued on (date): _____	
(12) Review of Court Opinion	
(13) Review of Trial Court's file Total number of pages: _____	

¹ Please provide as an attachment to this bill a list of all briefed and unbriefed issues for which compensation is claimed, with hours claimed for each issue.

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**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO
ATTORNEY FEE APPELLATE WORKSHEET (continued)**

Each column must be completed for each entry.
All hours should be listed in tenths (0.10) or quarters (0.25 or 0.75) of an hour.

TASK	HOURS BILLED
(14) Other Please specify:	
(15) Other Please specify:	
(16) Other Please specify:	
(17) Communications with Opposing Counsel	
TOTAL HOURS CLAIMED (insert this figure on page one of this bill):	

Number of briefed issues: ____

List briefed issues below:

BRIEFED ISSUE	HOURS
Total:	

Number of unbriefed issues: ____

List unbriefed issues below:

UNBRIEFED ISSUE	HOURS
Total:	

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**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO
ATTORNEY EXPENSES WORKSHEET**

This form must be filled out and returned ONLY if you are requesting reimbursement for expenses. By returning this form, the attorney certifies that the following monies were expended for necessary costs and do not include expert and/or investigator fees. Attach receipts for all expenses.

Extraordinary expenses will not be reimbursed in the absence of a court order.

ITEM	AMOUNT
TOTAL	

Additional comments that may assist the court: