

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

PEOPLE OF THE STATE OF CALIFORNIA v.	MCN: _____ SCN: _____
ORDER FOR ATTORNEY FEES	

Pursuant to PC §987(a) and 987.2, an order of appointment was made by Judge _____ on _____ in Dept. _____, the attorney named below represented defendant witness on the day(s) set forth in the attached worksheet.

The Court made a finding that the Public Defender properly refused to represent the person named for the following reason(s) (check all that apply)

- Conflict of Interest Co-counsel* Harris (attach motion) SB90 PC §1405 Prev. W&I § 707 apt.
- PD unavailable (reason other than conflict of interest): _____
- Other (reason): _____

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% payable to the Bar Association of San Francisco	
Necessary expenses due Attorney	
TOTAL now payable to Attorney	
Previous total billings to the Court for this case (include previous billings during W&I §707 proceedings)	

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: _____

Offenses charged (cite code sections).
List up to five major offenses charged,
in order of severity of offense:

Billing rate: Misd. Reg. Fel. Ser. Fel. Death Penalty Misd. Appeal

Ser. Fel. class: Non-Life Life LWOP

MTR: Misd. Reg. Fel. Ser Fel.

Disposition Dept.: _____ Before the Honorable: _____

Disposition Date: _____ Type of Disposition: _____

Was prelim conducted? yes no

Did case go to trial? yes no

Is this bill for prelim? yes no

Is this bill for trial? yes no

Is this an interim bill? yes no

Is this a fiscal year-end bill? yes no

Case is eligible for SB 90 reimbursement: SVP NGI ext. MDO Other _____

Please list below all co-defendants and their attorneys (including public defenders).

Co-defendant	Case Number	Attorney

***Name of co-counsel, if applicable:** _____

Brief explanation of 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

