

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

IN RE THE MATTER OF:	Case No.: _____
ORDER FOR ATTORNEY FEES	

Pursuant to W&I §634, an order of appointment was made by Judge/Commissioner _____ on _____ in Dept. _____ the attorney named below represented an **accused minor** **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 *Harris* (attach motion)
- PD unavailable (reason other than conflict of interest): _____
- Other (reason): _____

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		

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 _____
 Telephone _____ Tax ID _____

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

Charges sustained (cite code sections):

Billing rate: Misdemeanor Regular Felony Serious Felony
 Serious Felony class: 602 707(b)
 W&I §777 petition? yes no If yes, date filed: _____

Disposition Dept.: _____ Before the Honorable: _____
 Disposition Date: _____ Type of Disposition: _____

IN RE THE MATTER OF:	Case No.:

- Does this bill include a contested J-2 hearing? yes no
- Does this bill include a contested disposition hearing? yes no
- Was minor certified to adult court? yes no
- Is this an interim W&I §707 bill? yes no
- Is this a fiscal year-end bill? yes no
- Is this a final bill? yes no

Please list below any co-minors and their attorneys (including names of public defenders).

Co-minor	Case Number	Attorney

Subsequently Filed Petitions

Offenses charged (cite code sections):

Date(s) subsequent petitions were filed: _____

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 _____

IN RE THE MATTER OF:	Case No.:

**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. Receipts are required for any reimbursable expenses.

Receipts and a court order with accompanying declaration are required for extraordinary expenses.

ITEM	AMOUNT
TOTAL	

Additional comments that may assist the court: