

| |

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO**

**TO BE PAID FROM 3150 FUND**

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

**ORDER FOR PAYMENT OF COMPENSATION FOR MINOR’S COUNSEL (FAMILY LAW)**  
**FC3114, 3183,3150-53**

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

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

Total Hours		
Hourly Rate	\$133.00	
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 and Bar Number: \_\_\_\_\_

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

Vendor ID (JJC/DRP): \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Fax No. #: \_\_\_\_\_

**In Re the Matter of:**

**CASE NO.**

**DECLARATION OF COUNSEL RE  
ATTORNEYS' FEES**

In this action I am the attorney for \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Department (where case is being heard for current bill): \_\_\_\_\_

Before the Honorable: \_\_\_\_\_ Judge/Commissioner Presiding.

Brief narrative statement describing billing activity (optional).

---

Situation of client: \_\_\_\_\_

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

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO**

**IN RE THE MATTER OF:**

**CASE NO.**

**ORDER FOR ATTORNEY FEES**

Each column must be completed for each entry. The explanation column should include the names of persons contacted and a brief description of subject matter. Attorneys must also provide the actual times and department number related to any in-court appearances. All hours should be listed in .05 of an hour or quarters (.25) of an hour. Not every small task, however, equals .05 of an hour. Attorneys are expected to combine small tasks until, in combination, the tasks reach the nearest .05. **If reviewing documents, please list number of pages reviewed.**

DATE	IN-COURT TIME		TIME BILLED	DEPARTMENT or EXPLANATION of TASK
	FROM	TO		

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO**

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

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, with the exception of mileage and tolls. Expenses are compensable as set forth in the Billing Manual for the Dependency Representation Program.**

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

ITEM	AMOUNT
<b>TOTAL*</b>	

\*Please copy this total to the *Order for Attorney Fees* Form

Additional comments that may assist the court/BASF in reviewing this compensation request: