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**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>

**ORDER FOR PAYMENT OF COMPENSATION FOR ADOPTION CASE**  
**FAMILY LAW COURT APPOINTMENT PANEL**

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	\$128.00	
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:

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

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

Tax ID \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Fax No. #: \_\_\_\_\_

**Submit one signed original to:**

**Indigent Defense Administration  
 Bar Association of San Francisco, LRIS – 3<sup>rd</sup> Floor  
 301 Battery Street  
 San Francisco, CA 94111**

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

<b>In Re the Matter of:</b>	<b>CASE NO.</b>
	<b>DECLARATION OF COUNSEL RE ATTORNEYS' FEES</b>

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 case complexity, billing activity, reasons for appointment.

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

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

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

The fees that I have charged are reasonable and based on the Court approved rate.

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



**SAN FRANCISCO MUNICIPAL AND SUPERIOR COURT  
ATTORNEY EXPENSES WORKSHEET**

<b>In Re the Matter of:</b>	<b>CASE NO.</b>
	<b>DECLARATION OF COUNSEL RE ATTORNEYS' 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. Expenses are compensable as described in the Billing and Procedures Manual for the Indigent Defense Administration.**

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

<b>ITEM</b>	<b>AMOUNT</b>
<b>TOTAL</b>	

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