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SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO

IN RE THE MATTER OF:	CASE NO.
	ORDER FOR ATTORNEY FEES

ORDER FOR PAYMENT OF COMPENSATION FOR FAMILY LAW CONTEMPT 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	\$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 (CCSF/IDA: 00000 _____ Telephone No.: _____ Fax No. #: _____

Submit one signed original to:

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

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO

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 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

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO

ATTORNEY FEE WORKSHEET

In Re the Matter of:	CASE NO.
	DECLARATION OF COUNSEL RE ATTORNEYS' 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, .10 or .25 of an hour. Not every small task, however, equals a .05 or tenth of an hour. Attorneys are expected to combine small tasks until, in combination, the tasks reach the smallest billing increment. **If reviewing documents, please list number of pages reviewed; if reviewing recordings, list length of recording**

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

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

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

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.

ITEM	AMOUNT
TOTAL	

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