CALIFORNIA TRIAL COURTS, CITY AND COUNTY OF SAN FRANCISCO

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

ORDER FOR PAYMENT OF COMPENSATION IN JUVENILE DEPENDENCY CASE

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	0.00	
Hourly Rate		**NOTE: Do not enter hourly rate until AFTER all billing entries have been entered.**
Compensation in the sum of	0.00	
Less: 5% administration fee	0.00	
Necessary expenses due Attorney	0.00	
TOTAL now payable to Attorney	0.00	
Previous total billings to the Court for this case	$0.00	

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 Number: _____ Telephone No.: _____ Fax No.#: _____

_____ _____

Date **Dependency Representation Program Attorney Administrator**

Mother's Name (Last, First) _____

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

In this action I am the attorney for _____. (e.g., mother, father, minor, de facto parent.)

Minor(s) age(s): _____

The stage of proceedings being billed is _____ to _____.
(e.g., Detention or Detention to Jurisdiction; Disposition to DSR, Post PPH, Other).

Mother's Attorney: _____ Father's Attorney: _____

Minor's Attorney : _____ Other Attorney(s): _____
(e.g. for de facto parent, relative)

City Attorney: _____

Date of Appointment:_____

Date Case was closed, transferred, or appointment was terminated _____

Brief narrative statement describing current legal issues and attorney work:

_____

County, State where children currently reside: _____

Parents living situation (e.g. homeless, hospitalized, incarcerated, treatment):

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

SAN FRANCISCO TRIAL COURTS
ATTORNEY FEE WORKSHEET

CASE NAME AND # _____

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 (mm/dd/yy)	IN-COURT TIME		TIME BILLED	PHASE CODE	TASK CODE	DEPARTMENT or EXPLANATION of TASK
	FROM	TO				

Total billed this page: 0.00

SAN FRANCISCO TRIAL COURTS
ATTORNEY FEE WORKSHEET

CASE NAME AND # _____

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 (mm/dd/yy)	IN-COURT TIME		TIME BILLED	PHASE CODE	TASK CODE	DEPARTMENT or EXPLANATION of TASK
	FROM	TO				

Total billed this page: 0.00

SAN FRANCISCO TRIAL COURTS
ATTORNEY FEE WORKSHEET

CASE NAME AND # _____

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 (mm/dd/yy)	IN-COURT TIME		TIME BILLED	PHASE CODE	TASK CODE	DEPARTMENT or EXPLANATION of TASK
	FROM	TO				

Total billed this page: 0.00

SAN FRANCISCO TRIAL COURTS
ATTORNEY FEE WORKSHEET

CASE NAME AND # _____

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 (mm/dd/yy)	IN-COURT TIME		TIME BILLED	PHASE CODE	TASK CODE	DEPARTMENT or EXPLANATION of TASK
	FROM	TO				

Total billed this page: 0.00

SAN FRANCISCO TRIAL COURTS
ATTORNEY FEE WORKSHEET

CASE NAME AND # _____

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 (mm/dd/yy)	IN-COURT TIME		TIME BILLED	PHASE CODE	TASK CODE	DEPARTMENT or EXPLANATION of TASK
	FROM	TO				

Total billed this page: 0.00

SAN FRANCISCO TRIAL COURTS
ATTORNEY FEE WORKSHEET

CASE NAME AND # _____

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 (mm/dd/yy)	IN-COURT TIME		TIME BILLED	PHASE CODE	TASK CODE	DEPARTMENT or EXPLANATION of TASK
	FROM	TO				

Total billed this page: 0.00

SAN FRANCISCO TRIAL COURTS
ATTORNEY FEE WORKSHEET

CASE NAME AND # _____

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 (mm/dd/yy)	IN-COURT TIME		TIME BILLED	PHASE CODE	TASK CODE	DEPARTMENT or EXPLANATION of TASK
	FROM	TO				

Total billed this page: 0.00

SAN FRANCISCO MUNICIPAL AND SUPERIOR COURT
ATTORNEY EXPENSES WORKSHEET

CASE NAME AND # _____

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.

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

ITEM	AMOUNT
TOTAL*	0.00

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

Additional comments that may assist the court: