SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO
ORDER FOR PAYMENT OF COMPENSATION IN CRIMINAL CASE

PEOPLE OF THE STATE OF CALIFORNIA v.	**MCN:** **SCN:**
	ORDER FOR ATTORNEY FEES

Pursuant to PC §987(a) and 987.2, an order of appointment was made by Judge _____ on _____ in Dept. _____, the attorney named below represented ❒**defendant** ❒**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 ❒Co-counsel* ❒*Harris* (attach motion) ❒SB90 ❒PC §1405 ❒Prev. W&I § 707 appt.

❒PD unavailable (reason other than conflict of interest): _____

❒Other (reason): _____

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% Administrative Processing 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 (include previous billings during W&I §707 proceedings)	

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 _____

Phone _____ Vendor ID: _____

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

Billing rate: ❒Misd. ❒Reg. Fel. ❒Ser. Fel. ❒Death Penalty ❒Misd. Appeal

Ser. Fel. class: ❒Non-Life ❒Life ❒LWOP MTR: ❒Misd. ❒Reg. Fel. ❒Ser Fel.

Disposition Dept.: _____ Before the Honorable: _____

Disposition Date: _____ Type of Disposition: _____

Was prelim conducted? ❒ yes ❒ no Did case go to trial? ❒ yes ❒ no

Is this bill for prelim? ❒ yes ❒ no Is this bill for trial? ❒ yes ❒ no

Is this an interim bill? ❒ yes ❒ no Is this a fiscal year-end bill? ❒ yes ❒ no

Case is eligible for SB 90 reimbursement: ❒ SVP ❒ NGI ext. ❒ MDO ❒ Other _____

Please list below all co-defendants and their attorneys (including public defenders).

Co-defendant	Case Number	Attorney

***Name of co-counsel, if applicable:** _____

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

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO

ATTORNEY FEE WORKSHEET

Each column must be completed for each entry. The explanation column should include the names of persons contacted and/or 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 tenths (.10) or quarters (.25 or .75) of an hour. Not every task, however small, equals a tenth of an hour. **Attorneys are expected to combine small tasks until, in combination, the tasks reach the nearest tenth. If reviewing documents, please list number of pages reviewed.**

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

Total billed this page: 0.00

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BASF-IDA 04/18/17 Attorney Billing Form – Criminal

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SAN FRANCISCO SUPERIOR COURT
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	0.00

Additional comments that may assist the court:

_____

_____

_____

_____

_____