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

In Re the Matter of:			Case No.:	
Pursuant to order(s) of appointr forth in the attached worksheet. attorney must be submitted to	All order(s) auth	tor named b	pelow performed inv	oanying declarations by
Date of order	Judge		Amount of order	Amount received
The court finds that the investig and is entitled to compensation	-	work at the	direction of attorney	·
		Total Hou	rs	
		Hourly Ra	te	
	Compensation	in the sum	of	
Less 2%	Administrative Pro	ocessing Fe	e	
Neces	ssary expenses due	e Investigato	or	
TOTA	AL now payable to	Investigate	or	
Previous total bi	llings to the Court	t for this cas	se	
The Court orders that a warrant City and County of San Francis			pon the Treasurer fro	om the General Fund of the
Investigator Name:			Lic. Number:	
Address			TD.	
Phone		Vendo	or ID:	
Offenses charged (cite code sec List up to five major offenses cl in order of severity of offense:	/			
☐ Misd. ☐ Reg. Fel. ☐ Ser. Fel. Ser. Fel. class: ☐ 602 ☐ 707(b) Does this bill include services properties bill include services p	erformed during a performed duri	a contested a a contested o o o o	J-2 hearing? \square ye	

Brief explanation	n of billing activity (optional):		
I have not receiv	ed payment from any outside source exc	ept as follows:	
AMOUNT:	RECEIVED FROM:	PURPOSE:	
provided on all at		of California that the foregoing, and the information of California that the foregoing of California that	
Date	Signature		

SAN FRANCISCO SUPERIOR COURT INVESTIGATOR 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. All hours should be listed in tenths (.10) or quarters (.25 or .75) of an hour.

If reviewing documents, please list number of pages reviewed.

DATE	TIME DILLED	EVDI ANATION ACTACIZ
DATE	TIME BILLED	EXPLANATION of TASK

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DATE	TIME BILLED	EXPLANATION of TASK

SAN FRANCISCO SUPERIOR COURT INVESTIGATOR EXPENSES WORKSHEET

This form must be filled out and returned <u>ONLY</u> if you are requesting reimbursement for expenses. By returning this form, the investigator certifies that the following monies were expended for necessary costs. Attach receipts for any individual item over \$20.00. **Extraordinary expenses will not be reimbursed in the absence of a court order.**

AMOUNT