## THE SUPERIOR COURT OF THE STATE OF CALIFORNIA IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO

PEOPLE OF THE STATE OF CALIFORNIA	) MCN/SCN/JW NO(S):
vs.	AUTHORIZATION FOR FUNDS FOR APPOINTMENT
Defendant/Minor	) OF TRANSLATOR/ ) TRANSCRIBER)
public funds be provided on application by attor	ached declaration of counsel, it is hereby ordered that mey for the purpose of assist with the translation and transcription in the d \$
Please indicate the TOTAL amount of expert including lower court and Juvenile Court pro	<u> </u>
☐ Attorney was appointed by the Court. ☐	Attorney was retained.
Name:	
Tax ID:	
Telephone Number:	
Address: City, State, Zip:	
A 2% administrative processing fee will be dedu	
Date	JUDGE OF THE SUPERIOR COURT
I,, the attomethe attached bill and certify that all work perform my direction and authorized by the court.	orney in the above-entitled matter, have reviewed med in this case as described therein was performed at
Address:	
rerephone Number:	
Date: Signature:	
☐ This case is eligible for reimbursement throu	gh SB 90 funds.