

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

IN RE THE MATTER OF

Case No.: \_\_\_\_\_

\_\_\_\_\_, a minor.

**AUTHORIZATION FOR FUNDS FOR  
APPOINTMENT OF INVESTIGATOR, SOCIAL WORKER, PARALEGAL or EXPERT**

*with attached SUPPORTING DECLARATION OF COUNSEL*

Pursuant to *the attached declaration of counsel*, public funds are hereby authorized to be provided on application by attorney \_\_\_\_\_, for the purpose of retaining an **(check only one)\***

- Investigator Name: \_\_\_\_\_  
 Social Worker Name: \_\_\_\_\_  
 Paralegal Name: \_\_\_\_\_  
 Expert Witness Name: \_\_\_\_\_  
Field of expertise: \_\_\_\_\_

to assist with the preparation in the above-captioned matter, said funds not to exceed:  
\$ \_\_\_\_\_

Attorney was appointed by the Court

**Please indicate the TOTAL amount of funds previously authorized for this case, for (check only one)  investigative,  social worker,  paralegal or  expert witness, if applicable**  
\$ \_\_\_\_\_

**A 2% Administrative Processing Fee will be deducted.**

\_\_\_\_\_  
Attorney signature (if total fees  
are under \$170)

Date: \_\_\_\_\_

\_\_\_\_\_  
DEPENDENCY REPRESENTATION  
PROGRAM MANAGER *signature*

Date: \_\_\_\_\_

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I \_\_\_\_\_, the attorney in the above-entitled matter, have reviewed the attached bill and certify that all work performed in this case as described therein was performed at my direction and authorized by the court.

Attorney Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_