

SUPERIOR COURT OF CALIFORNIA, COUNTY OF AMADOR

500 ARGONAUT LANE, JACKSON, CA 95642

Name, Address and Telephone No. of Attorney	CLERKS USE ONLY
	Case No.

Case Title:	Invoice Date:
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COURT APPOINTED ATTORNEY CLAIM FORM AND ORDER/REIMBURSEMENT ORDER

CLAIM AND REQUEST FOR APPROVAL OF:

ATTORNEY FEES INTERIM FINAL
 ATTORNEY'S EXTRAORDINARY FEES REIMBURSEMENT TO AMADOR COUNTY

To the Judge of the Superior Court:

On _____ I was appointed to represent: _____ pursuant to the provisions of:

<input type="checkbox"/> Civil Contempt	<input type="checkbox"/> Probate Code	<input type="checkbox"/> Other:
<input type="checkbox"/> Family Code 3150	<input type="checkbox"/> W&I Code 317 (Juvenile Dependency)	
<input type="checkbox"/> Penal Code	<input type="checkbox"/> W&I Code 634 (Juvenile Wardship)	

Billing Period: _____ through _____ **TOTAL CLAIM \$** _____

Attorney billing shall be submitted monthly. Upon completion of the case, final billing shall be submitted within thirty (30) days. (See Local Rule of Court 6.20.2 and Appointed Services Fee & Expense Schedule).

I declare under penalty of perjury that the itemized statement and claim for services attached hereto are correct and accurately reflects the time spend by me in this action.

Date: _____ Signature: _____

ORDER

This claim for approval of attorney fees may be used by the Court to make a determination of the amount for which a Defendant is responsible for reimbursing the County for provision of legal services pursuant to Court appointed counsel.

The Court having read and reviewed the claim submitted herein orders the following:

Amount Approved \$ _____ Partial Amount Granted \$ _____

Date: _____
Judge of the Superior Court

The Order Sealing the Request for Approval of Fees was made by the Court on: _____. As part of that Order, the invoice and the associated itemized billing are sealed. In order for the invoices to be paid, they must be sent to County officials. The court is hereby authorized to submit approved claim forms, without any itemized statements attached, to the County for payment. The Court sends the claim forms to GSA who in turn sends the forms to the auditor for payment. These County entities are hereby ordered to shred or maintain the claim forms confidentially and not release said claim forms to any other entity, unless authorized to do so by further order of this Court. The itemized statements are to be retained by the Court under seal. The Court's fiscal department may maintain the documents in a locked file cabinet, in a separate file folder indicating they are "sealed." The fiscal department shall not release the records or provide access to anyone, other than as provided by in this order, unless otherwise authorized by further Court Order.

ITEMIZED STATEMENT

CASE NO.:

SERVICE DATE	TYPE OF SERVICE	# OF HOURS	RATE	COST

TOTAL # OF HOURS _____ **X \$** _____ **/HOUR=** _____ **\$**

_____ Date

_____ Signature