

**SAN BERNARDINO COUNTY  
SUPERIOR COURT**

VENDOR CODE

COMMENTS (96)

\_\_\_\_\_(24)

\_\_\_\_\_(24)

\_\_\_\_\_(24)

\_\_\_\_\_(24)

DOCUMENT ID:  
**PV**

TRANS DEPT. PV NUMBER

DOCUMENT TOTAL

\$

LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
				2 0 0	2 4 4 0		
LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
				2 0 0	2 4 4 0		
LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
				2 0 0	2 4 4 0		

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**APPOINTED ATTORNEY FEES**

Family Law other than 3150 Minor's Counsel,  
Civil, Guardianship, Probate/Conservatorship Cases

(PLEASE TYPE OR PRINT LEGIBLY)  CHECK HERE IF NEW ADDRESS

CLAIM OF \_\_\_\_\_ BAR NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

CASE NO. \_\_\_\_\_

CASE NAME \_\_\_\_\_

CLIENT NAME \_\_\_\_\_

APPOINTMENT DATE \_\_\_\_\_

I hereby certify under penalty of perjury that the foregoing claim for services is true and correct (CCP 2015.5), that I have been continually duly licensed to practice as an attorney in the State of California for the time period during which the services claimed were rendered, that I was appointed pursuant to applicable California Code to represent the named client, and that no part of this claim has previously been presented or paid.

\_\_\_\_\_  
Declarant

\_\_\_\_\_  
Date

**CHECK TYPE OF APPOINTMENT:**  Family Law other than 3150 Minor's Counsel;  Civil;  Guardianship;  Probate/Conservatorship;  Other (specify): \_\_\_\_\_

**All Fees per Local Rules of Court Chapter 14** — All claims for attorney fees must be submitted within sixty (60) days of completion of case per Local Rule of Court 1414.

Note: \* Billing must comply with Court's Appointed Services Fee Schedule. Attach additional pages with itemized detail by date and time as required.

	DATE(S)*	AMOUNT
Appointment Fee (includes conferences, preparation and appearances except as specifically authorized)* .....	_____	\$ _____
Written motions and/or evidentiary hearings, collectively on a complaint and not to exceed 3 hours* .....	_____	\$ _____
Trial (full day/half day) on civil or family law complaint* .....	_____	\$ _____
Additional court appearances not for convenience of appointed attorney* .....	_____	\$ _____
Preparation and appearances regarding stipulated agreements* .....	_____	\$ _____
Out-of-court time reasonably expended at Court discretion if specifically authorized.* Attach additional pages with itemized detail .....	_____	\$ _____
.....		
Special expense(s) at Court discretion and pursuant to Local Rule of Court 1415 (original receipts required): .....		\$ _____

ADDITIONAL CLAIM FORMS AND THE COURT'S LOCAL RULES AND APPOINTED SERVICES FEE SCHEDULE ARE AVAILABLE ON THE COURT'S WEBSITE: [www.sb-court.org](http://www.sb-court.org)

**CLAIM TOTAL \$** \_\_\_\_\_

The Auditor/Controller of the County of San Bernardino is hereby directed to issue a warrant in the amount of \$ \_\_\_\_\_ in payment of attorney fees and costs to the above-named declarant.

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date

I certify that the above services were directed by the appropriate authority and verified in accordance with established procedures.

\_\_\_\_\_  
Verifying Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Authority

\_\_\_\_\_  
Date

APPROVAL FOR PAYMENT: I hereby certify that I have examined the facts of the transaction herein set forth as evidenced by the information hereon and documents attached hereto. All verifications, certification, and checking of computations required by the Government Code have been complied with and this claim in the total amount shown is hereby approved for payment.

COUNTY AUDITOR/CONTROLLER BY \_\_\_\_\_ DATE \_\_\_\_\_