

**SAN BERNARDINO COUNTY SUPERIOR COURT
APPOINTED ATTORNEY FEES**

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

INTERNAL USE ONLY			
COUNTY ISSUED VENDOR CODE	GENERAL LEDGER	INVOICE NUMBER	DOCUMENT TOTAL
	5 2 0 0 2 4 4 0		\$

INVOICE DATE _____ Page ____ of ____

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

(PLEASE TYPE OR PRINT LEGIBLY) <input type="checkbox"/> 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. <p align="right">_____ <i>Declarant</i></p> <p align="right">_____ <i>Date</i></p>
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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.

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 Days (full/half) _____	_____	\$ _____
_____	_____	\$ _____
Additional court appearances _____	_____	\$ _____
_____	_____	\$ _____
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

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. <p align="right">_____ <i>Judge</i></p> <p align="right">_____ <i>Date</i></p>	I certify that the above services were directed by the appropriate authority and verified in accordance with established procedures. <table style="width:100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">_____ <i>Verifying Official Print Name</i></td> <td style="width: 33%; text-align: center;">_____ <i>Verifying Official Signature</i></td> <td style="width: 34%; text-align: center;">_____ <i>Date</i></td> </tr> <tr> <td style="width: 33%; text-align: center;">_____ <i>Approving Authority Print Name</i></td> <td style="width: 33%; text-align: center;">_____ <i>Approving Authority Signature</i></td> <td style="width: 34%; text-align: center;">_____ <i>Date</i></td> </tr> </table>	_____ <i>Verifying Official Print Name</i>	_____ <i>Verifying Official Signature</i>	_____ <i>Date</i>	_____ <i>Approving Authority Print Name</i>	_____ <i>Approving Authority Signature</i>	_____ <i>Date</i>
_____ <i>Verifying Official Print Name</i>	_____ <i>Verifying Official Signature</i>	_____ <i>Date</i>					
_____ <i>Approving Authority Print Name</i>	_____ <i>Approving Authority Signature</i>	_____ <i>Date</i>					

COUNTY REVIEWER PAYMENT APPROVAL: I hereby certify that I have examined the facts of the transaction(s) herein set forth as evidenced by the information hereon and the documents attached hereto. All verifications, certification, and computation checking required by the County Charter and Government Codes have been complied with and this claim in the total amount shown is hereby approved for payment.

COUNTY REVIEWER INITIALS _____ DATE _____ CAO ANALYST INITIALS _____ DATE _____