

| |

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO**

**TO BE PAID FROM 3150 FUND**

<b>IN RE THE MATTER OF:</b>	<b>CASE NO.</b>
	<b>ORDER FOR ATTORNEY FEES</b>

**ORDER FOR PAYMENT OF COMPENSATION FOR MINOR’S COUNSEL (FAMILY LAW)**  
**FC3114, 3183,3150-53**

Pursuant to an order of appointment made by Judge/Commissioner \_\_\_\_\_, the attorney named below represented a party on the day(s) set forth in the attached worksheet.

The court finds that the attorney did perform work and is entitled to compensation as follows:

Total Hours		
Hourly Rate	\$135.00	
Compensation in the sum of		
Less: 2% payable to the Bar Association of San Francisco		
Necessary expenses due Attorney		
TOTAL now payable to Attorney		
Previous total billings to the Court for this case		

The Court orders that a warrant be drawn by the Controller upon the Treasurer from the General Fund of the City and County of San Francisco in favor of the following:

---

Attorney Name and Bar Number: \_\_\_\_\_

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

Vendor ID (JJC/DRP): \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Fax No.#: \_\_\_\_\_

**In Re the Matter of:**

**CASE NO.**

**DECLARATION OF COUNSEL RE  
ATTORNEYS' FEES**

In this action I am the attorney for \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Department (where case is being heard for current bill): \_\_\_\_\_

Before the Honorable: \_\_\_\_\_ Judge/Commissioner Presiding.

Brief narrative statement describing billing activity (optional).

---

Situation of client: \_\_\_\_\_

I have not received payment from any outside source except as follows:

**AMOUNT:** \_\_\_\_\_ **RECEIVED FROM:** \_\_\_\_\_ **PURPOSE:** \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing, and the information provided on the attachments, is true and correct. I agree to produce, upon request, records concerning the specific times and total hours billed to the Court for in- and out-of-court services as requested.

---

Date

Printed Name

Signature



**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO**

<b>IN RE THE MATTER OF:</b>	<b>CASE NO.</b>
	<b>ORDER FOR ATTORNEY FEES</b>

This form must be filled out and returned **ONLY** if you are requesting reimbursement for expenses. By returning this form, the attorney certifies that the following monies were expended for necessary costs and do not include expert and/or investigator fees. **Receipts are required for any reimbursable expenses, with the exception of mileage and tolls. Expenses are compensable as set forth in the Billing Manual for the Dependency Representation Program.**

**Receipts and a court order with accompanying declaration are required for extraordinary expenses.**

ITEM	AMOUNT
<b>TOTAL*</b>	

\*Please copy this total to the *Order for Attorney Fees* Form

Additional comments that may assist the court/BASF in reviewing this compensation request: