

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO  
ORDER FOR PAYMENT OF COMPENSATION IN CRIMINAL CASE**

**PEOPLE OF THE STATE OF CALIFORNIA v.**

**MCN:** \_\_\_\_\_

**SCN:** \_\_\_\_\_

**ORDER FOR INVESTIGATOR FEES**

Pursuant to order(s) of appointment, the investigator named below performed investigation on the day(s) set forth in the attached worksheet. **All order(s) authorizing payment with accompanying declarations by attorney must be submitted to BASF with this bill.** Please provide the following information:

Date of order	Judge	Amount of order	Amount received

The court finds that the investigator did perform work at the direction of attorney \_\_\_\_\_ and is entitled to compensation as follows:

Total Hours		
Hourly Rate		
Compensation in the sum of		
A 2% Administrative Processing Fee will be deducted.		
Necessary expenses due Investigator		
TOTAL now payable to Investigator		
Previous total billings to the Court for this case (include previous billings for services performed, if any, during W&I §707 proceedings)		

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:

Investigator Name: \_\_\_\_\_ Lic. Number: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Vendor ID: \_\_\_\_\_

Offenses charged (cite code sections).  
List up to five major offenses charged,  
in order of severity of offense:

Misd.  Reg. Fel.  Ser. Fel.  Death Penalty  Misd. Appeal

Ser. Fel. class:  Non-Life  Life  LWOP MTR:  Misd.  Reg. Fel.  Ser Fel.

Is this an interim bill?  yes  no Is this a year-end bill?  yes  no

Case is eligible for SB 90 reimbursement:  SVP  NGI ext.  MDO  Other \_\_\_\_\_

Are there co-defendants in this case?  yes  no

Brief explanation of billing activity (optional):

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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 all attachments, are 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.

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Date

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Signature

**SAN FRANCISCO SUPERIOR COURT  
INVESTIGATOR FEE WORKSHEET**

Each column must be completed for each entry. The explanation column should include the names of persons contacted and/or a brief description of subject matter. All hours should be listed in tenths (.10) or quarters (.25 or .75) of an hour.

**If reviewing documents, please list number of pages reviewed.**

DATE	TIME BILLED	EXPLANATION of TASK



**SAN FRANCISCO SUPERIOR COURT  
INVESTIGATOR FEE WORKSHEET**

Each column must be completed for each entry. The explanation column should include the names of persons contacted and/or a brief description of subject matter. All hours should be listed in tenths (.10) or quarters (.25 or .75) of an hour.

**If reviewing documents, please list number of pages reviewed.**

<b>DATE</b>	<b>TIME BILLED</b>	<b>EXPLANATION of TASK</b>

**SAN FRANCISCO SUPERIOR COURT  
INVESTIGATOR EXPENSES WORKSHEET**

This form must be filled out and returned ONLY if you are requesting reimbursement for expenses. By returning this form, the investigator certifies that the following monies were expended for necessary costs. Attach receipts for all individual items. **Extraordinary expenses will not be reimbursed in the absence of a court order.**

<b>ITEM</b>	<b>AMOUNT</b>
<b>TOTAL</b>	

Additional comments that may assist the court:

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