THE SUPERIOR COURT OF THE STATE OF CALIFORNIA IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO

PEOPLE OF THE STATE OF CALIFORNIA) MCN/SCN/JW NO(S):
vs.	AUTHORIZATION FOR FUNDS FOR APPOINTMENT
Defendant/Minor) OF TRANSLATOR/) TRANSCRIBER)
public funds be provided on application by attor	ached declaration of counsel, it is hereby ordered that mey for the purpose of assist with the translation and transcription in the d \$
A 2% Administrative Processing Fee will be dec Please indicate the TOTAL amount of expert including lower court and Juvenile Court pro	funds previously authorized for this case,
☐ Attorney was appointed by the Court. ☐	Attorney was retained.
Name:	
Tax ID:	
Telephone Number:	
Address: City, State, Zip:	
Date	JUDGE OF THE SUPERIOR COURT
T	
the attached bill and certify that all work perform my direction and authorized by the court.	orney in the above-entitled matter, have reviewed med in this case as described therein was performed at
Attorney Name:	
Address:	
Telephone Number:	
☐ This case is eligible for reimbursement throu	gh SB 90 funds.