

NAME AND ADDRESS OF VENDOR:	PHONE: _____	For Court Use Only:
SUPERIOR COURT OF CALIFORNIA COUNTY OF FRESNO 1100 Van Ness Avenue Fresno, CA 93724-0002		

APPLICATION AND ORDER FOR PAYMENT OF COURT APPOINTED VENDOR

(Not to be used for court appointed special circumstance attorney claims)

CASE NAME: TestCase	CASE NUMBER: FA00090
----------------------------	-----------------------------

NOTE TO ALL VENDORS: COPY OF COURT ORDER APPOINTING VENDOR MUST ACCOMPANY THIS FORM.

STANDARD RATE PSYCHOLOGICAL/ PSYCHIATRIC EVALUATION CLAIM: a. Date appointed: _____ by Judge _____ b. Evaluation date: _____ c. Type of evaluation: _____ d. Fee: _____ NOTE: If you have written preapproval for more than the standard rate, fill out the expert services portion of this form.	COURT APPOINTED SERVICES (EXPERT, INVESTIGATOR, ETC.) CLAIM: (Provide Attachment A for itemization of services and mileage, and Attachment B with original receipts for expenses.) <table style="width: 100%;"> <tr> <td>a. 5 hours at \$ 20 per hour</td> <td align="right">\$ 100.00</td> </tr> <tr> <td>b. Mileage (5 miles at \$ 20 per mile)</td> <td align="right">\$ 100.00</td> </tr> <tr> <td>c. Expenses</td> <td align="right">\$ 100.00</td> </tr> <tr> <td align="right">TOTAL</td> <td align="right">\$ 300.00</td> </tr> </table>	a. 5 hours at \$ 20 per hour	\$ 100.00	b. Mileage (5 miles at \$ 20 per mile)	\$ 100.00	c. Expenses	\$ 100.00	TOTAL	\$ 300.00
a. 5 hours at \$ 20 per hour	\$ 100.00								
b. Mileage (5 miles at \$ 20 per mile)	\$ 100.00								
c. Expenses	\$ 100.00								
TOTAL	\$ 300.00								
Signature of attorney of record required on Attachment A for expert or investigator billing prior to submission.									

COUTY APPOINTED ATTORNEY DECLARATION AND CLAIM:

I am an attorney at law duly admitted to practice in the State of California. I have not received compensation for this claim except as noted below. I hereby make application for payment of fees as follows:

(See footnote * below before completing.)

- A. Appointed on (date) **29/11/2012** to represent (name) **Tim McGraw**
 (Client's relationship to case: **None**)
- B. This is the only billing for this case and legal services have been terminated and required less than 3 hours - flat fee \$240 \$_____ Expenses: \$ _____
- C. Interim billing for services from _____ to _____
 (If interim billing, date of prior billing: _____)
- D. Legal services terminated on or about (date): _____
- E. Attorney's fees: \$ **700.00** Expenses: \$ **120.00** (other than \$240 flat fee)
Total amount claimed for A through E (Provide Attachment A for itemization of services and Attachment B with original receipts for expenses): **TOTAL \$ 820.00**

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on (Date): _____, at (Place) _____, California.

 (Type or print name)

 (Signature of applicant)

FOR COURT USE ONLY:

ORDER

The foregoing application has been considered and the court finds the following fees to be reasonable:

- | | |
|---------------|-----------------|
| a. Fees: | \$ _____ |
| b. Expenses: | \$ _____ |
| c. Mileage: | \$ _____ |
| TOTAL: | \$ _____ |

It is ordered that the total shown above in item 2c be paid by ☐ Fresno County ☐ Superior Court

Dated: _____

 Judge of the Superior Court

*Declarations under penalty of perjury signed in California may be used in place of affidavits (CCP 2015.5).

Affidavits required when signed outside California.

APPLICATION AND ORDER FOR PAYMENT OF COURT APPOINTED VENDOR FEES AND EXPENSES