

Attorney or Party without attorney (Name and Address) Telephone No.:	
Attorney for: SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA MAILING ADDRESS: 1500 Court Street STREET ADDRESS: 1500 Court Street CITY AND ZIP CODE: Redding, CA 96001 BRANCH NAME:	
THE PEOPLE OF THE STATE OF CALIFORNIA, PLAINTIFF, vs. _____, DEFENDANT.	
CLAIM FOR PAYMENT BY COURT-APPOINTED COUNSEL	Case Number: _____ Claim Filing Date: _____ Order Due Date: _____

1. I, _____, hereby state:
That I am an attorney duly licensed to practice law in the State of California.
2. That I was appointed to represent the above-referenced defendant on _____ by the Honorable Judge _____ during proceedings in Superior Court.
3. The case: (please check one) did proceed to trial did not proceed to trial.
4. Representation ceased on _____ as a result of:
 - My declaration of conflict if interest
 - The substitution of a private non-court appointed attorney
 - Dismissal of charges
 - Dismissal of charges as a result of a plea bargain in another case
 - Sentencing
 - Filing and perfection of a Notice of Appeal
5. This claim is for:
 - a) Final payment of fees and costs*
 - b) An interim payment of fees costs

(*If this claim is requesting final payment and no previous interim claims have been filed, please proceed to Section 8.)

6. Please select all that apply:

a) I have previously submitted this claim. As a result of my previous submissions of this claim, the court ordered payment:

In full

Reduced to: \$ _____ Fees, and \$ _____ Costs

Increased to \$ _____

Took no action and the claim is presently pending

b) I have not billed any time on this matter that has been billed previously or will be billed in the future to other clients.

c) I have not previously submitted this claim. (Please go to Section 8)

7. If you have filed claims for interim payments of fees and costs please complete the following:

a) I have filed claims for interim payments of fees and costs on ___ prior occasions.

b) The last claim for interim payment that I filed, (Number ___) was dated _____ in the amount of \$ _____ fees and \$ _____ costs, and totaled \$ _____. As a result of that claim, the court ordered payment:

In full

Reduced to \$ _____ Fees, and \$ _____ Costs

Increased to \$ _____

Took no action and the claim is presently pending

8. Expenses for reasonable ancillary services or expenses:

a) were not incurred (Please go to Section 9)

b) were incurred (Select all that apply):

Written authorization to use ancillary service and expenses was obtained prior to said expense being incurred.

Was not obtained prior to said services and expenses being incurred, but was obtained immediately after engaging such services.

Order(s) authorizing use of ancillary services are attached as Exhibit(s).

The amount sought for payment of ancillary services exceeds the amount previously authorized by the court and the reason(s) for such excess services is set forth in the attached declaration.

9. Total service hour(s) announced upon inquiry by the Court were ___ hour(s). A difference of ___ hour(s) exists for the reasons set forth by attached declaration.

10. Services and expenses were rendered and incurred as reasonably necessary to the defense of the above-named defendant and have not been included in prior claims for payment and are attached.

11. Copies of billing statements and receipts for expenses for which reimbursement is sought are attached.

WHEREFORE, the Petitioner prays that the court order the sum of \$ _____ to be paid for the defense of the above-named defendant.

I declare under penalty of perjury that the foregoing claim for payment of court appointed counsel is true and correct. Executed this ___ day of _____, 20__, at Redding, California.

STATEMENT OF SERVICES RENDERED AND EXPENSES INCURRED

<u>DATE</u>	<u>SERVICE</u>	<u>TIME SPENT</u>
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TOTAL HOURS SPENT:	
HOURLY RATE:	\$ 60.00
TOTAL FEES:	\$

EXPENSES

<u>DATE INCURRED</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
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TOTAL EXPENSES:	\$
TOTAL FEES AND EXPENSES:	\$

