

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

APPLICATION AND ORDER FOR PAYMENT OF COURT APPOINTED VENDOR / ATTORNEY
(Not to be used for court appointed special circumstance attorney claims)

CASE NAME:	CASE NUMBER:
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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.) a. _____ hours at \$ _____ per hour \$ _____ b. Mileage (_____ miles at \$ _____ per mile) \$ _____ c. Expenses \$ _____ <p style="text-align: right;">TOTAL \$ _____</p> <p style="text-align: center;">Signature of attorney of record required on Attachment A for expert or investigator billing prior to submission.</p>
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COURT 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) _____ to represent (name) _____
(Client's relationship to case: _____)

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: \$ _____ Expenses: \$ _____ **(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 \$ _____

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.

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GL #: _____ Cost Center: _____ PECT: _____ Submitted by: _____ Approved by: _____