

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)**

<b>CASE NAME:</b>	<b>CASE NUMBER:</b>
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**NOTE TO ALL VENDORS: COPY OF COURT ORDER APPOINTING VENDOR MUST ACCOMPANY THIS FORM.**

<b>STANDARD RATE PSYCHOLOGICAL/ PSYCHIATRIC EVALUATION CLAIM:</b> a. Date appointed: _____ by Judge _____ b. Evaluation date: _____ c. Type of evaluation: _____ d. Fee: _____ NOTE: If you have written <b>preapproval</b> for more than the standard rate, fill out the expert services portion of this form.	<b>COURT APPOINTED SERVICES (EXPERT, INVESTIGATOR, ETC.) CLAIM:</b> (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;"><b>TOTAL \$ _____</b></p> <p style="text-align: center;"><b>Signature of attorney of record required on Attachment A for expert or investigator billing prior to submission.</b></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 \$306 \$ \_\_\_\_\_ 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 \$306 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	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

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: \_\_\_\_\_