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 / **ATTORNEY**

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

CASE NAME:	**CASE NUMBER:**

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	$ 0.00
b. Mileage (_____ miles at $ per mile)	$ 0.00
c. Expenses 0.00	$ 0.00
TOTAL	**$ 0.00**

Signature of Attorney of Record or expert/vendor required on Attachment A for billing prior to submission.

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** $ **0.00**

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. Mileage $ _____

c. Expenses $ _____

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: _____