

Name, Address and Telephone Number

Attorney (s) for Minor child

Superior Court of California, County of Solano

Matter of _____

Case No. _____

CLAIM AND ORDER FOR COMPENSATION OF COURT APPOINTED ATTORNEY

I, _____ hereby request reasonable compensation for legal services and expenses relating to my court appointment in this case. I have not received, nor have I been promised, any compensation from any source other than this court.

I was appointed on _____, by _____ to represent minor child/children _____ in the above-referenced case.

Disposition: _____

My services were completed on: _____

Length of appointment: _____

LEGAL SERVICES RENDERED: (Itemized each service)

DATES OF SERVICES FROM: _____ TO: _____

SERVICES	TOTAL HOURS	EXTENDED AMOUNT
(itemized invoice attached)	_____	\$ _____
EXPENSES: (Itemized and attached original receipts)		\$ _____
(X) Itemization of services/expenses continued on attachment.		
No. of pages attached: _____.		
TOTAL PAYMENT REQUESTED		\$ _____

I certify under penalty of perjury that the foregoing is true and correct.

Dated

Signature of Claimant

ORDER

GOOD CAUSE APPEARING THEREFORE, IT IS ORDERED THAT \$ _____ BE PAID TO THE CLAIMANT.

Dated

Judge of the Superior Court