COUNTY OF SAN DIEGO: OFFICE OF ASSIGNED COUNSEL

OAC Form: 7

JUVENILE CASES

Attorney: _____

Attorney Bar #: _____

Address: _____

City & Zip: _____

Date Submitted: _____

Invoice No.: _____

Deliver Original Bill to OAC at:
233 "A" Street, Suite 1210
San Diego, 92101

619-338-4800 (Reception)

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No.	Client's Name	Petition #	JDA #	Class	Work Description	Date Case Closed	Date Fee Earned	Amt. Claimed	Amt. Approved
1									
2									
3									
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5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
							TOTAL:		

Explain "Other" Here: _____

Revised: 3/13/2009

Date: _____

Attorney Signature: _____