

San Diego County Office of Assigned Counsel

Immigration Case

OAC Immigration Form: 1

Appointed Program

Attorney/DOJ Rep: _____ Client: _____ Assignment Date: _____
 Bar Number: _____ DOB: _____
 (If Applicable) JCATS#: _____ Close Date: _____
 Address: _____ NTA Charges:
 City & Zip _____ (If Applicable)

Description	Date Fee Earned	Atty. Claimed Amount	OAC Auth. Amount	OAC Staff Sign.	For County Use Only
Date Received by OAC:	Total Fees				

I declare under penalty of perjury that the services claimed above were in accordance with the rules and regulations of San Diego County, OAC.

Date: _____ **Attorney:** _____

The staff of the Office of Assigned Counsel of San Diego County have verified that the above claimed services have been performed, as indicated by our staff members' signatures, and that the adjusted fee listed is correct and is properly due and payable by the County of San Diego.

Date: _____ **Authorized OAC Staff:** _____

PLEASE SUBMIT THIS FORM ELECTRONICALLY TO

Last Revised: 3/17/2022