

**COUNTY OF SAN DIEGO
OFFICE OF ASSIGNED COUNSEL
(Immigration)**

OAC - 8

SUBMIT FOR PAYMENT ONLY

LIST HIGHEST CHARGE FIRST

Attorney/DOJ Rep _____
Bar No (if applicable) _____
Address _____
Phone _____
Client Name _____
JCATS Number Date _____
Case Assigned _____
Appointed Program _____
Date Closed _____

Charges (from NTA, if filed):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

DOB: _____

REQUEST PAYMENT FOR:

Investigation Expert Witness Psychological Evaluation Interpreter

Other _____

Conducted by _____ Phone _____

In the amount of _____ in the above case.

Explanation of Expenses _____

Approved Yes No

Approved by _____ Amount _____

Tracking No. _____ Date _____ Remarks _____

Under penalty of perjury, I sign and print my name below as attorney for defendant, and I declare I have reviewed and approved the above named vendor's invoice. There is no conflict of interest or financial gain for the attorney from the relationship with the vendor named above, and the required amount is/was required in order to adequately prepare a defense in the above case.

Date

SIGNATURE of Attorney for Defendant

PRINT Name of Attorney for Defendant

Internal Use Only

I authorize and approve payment of _____ for the above services.

Dated _____

Authorized OAC Staff

This request is denied because _____