

San Diego County Office of Assigned Counsel

OAC Form: 1

Adult Criminal Case - General

Client: _____	Case #: _____	Judicial District: _____	
Attorney: _____	Class: _____	Close Date: _____	
Bar Number: _____	Level: _____	Charges:	
Address: _____	If Paid at Different Class or Level, Indicate Below:		
City & Zip: _____	Class: _____		
Assignment Date: _____	Level: _____		
	Invoice #: _____	(Highest Class First)	

Description	#	Date Fee Earned	OAC Staff Sign.	Atty. Claimed Amount	OAC Auth. Amount	For County Use Only
Misdemeanor Flat Fee						
Felony Flat Fee (Closed)						
Writ Flat Fee (Closed)						
Motion to Withdraw Plea - Flat Fee (Closed)						
Muni. Court Base Fee						
Preliminary Examination						
Sup. Court Base Fee (Level V)						
Sup. Court Final (Post P.E.) Read. Conf. (Level IV)						
Motion #1						
Motion #2						
Line Up						
Trailing in Trial Department (1/2 day Maximum)						
Trial - Full days						
Trial - 1/2 days						
Prob. Hear. & Sentence						
Failure to Appear						
Misdemeanor Appeal (Hourly)						
Penal Code 1026 (Closed)						
1026 Trial - Full Day						
1026 Trial - Half Day						
Penal Code 1368 (Closed)						
1368 Trial - Full Day						
1368 Trial - Half Day						
Review Hearing						
Other (Explain at end of form)						
		Total Potential Fee Earned				
Date Received by OAC		Less Late Fee (Deduction, if any)				
		Adjusted Fee Due				

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:** _____

Additional Comments: