

San Diego County Office of Assigned Counsel

Adult Criminal Case

OAC Form: 2

Probation Revocation and Witness Counseling Cases

Attorney: _____ Client: _____

Bar Number: _____ Case #: _____

Judicial District: _____

Address: _____ Class: _____

Close Date: _____

City & Zip: _____ Level: _____

Charges:

Assignment Date: _____ If Paid at Different Class or Level, Indicate Below:

Class: _____

(Highest Class First)

Invoice #: _____ Level: _____

Description	#	Date Fee Earned	OAC Staff Sign.	Atty. Claimed Amount	OAC Auth. Amount	For County Use Only
Misdemeanor Probation Violation						
Flat Fee						
Evidence Hearing - Full Days						
Evidence Hearing - Half Days						
Felony Probation Violation						
Flat Fee						
Evidence Hearing - Full Days						
Evidence Hearing - Half Days						
Department 7 Probation Revocation						
Flat Fee						
Witness Counseling						
Misdemeanor - Full Days						
Misdemeanor - Half Days						
Felony - Full Days						
Felony - Half Days						
Review Hearing						
		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:** _____