## San Diego County Office of Assigned Counsel

## **Immigration Case**

**OAC Immigration Form: 1** 

		Appointe	ed Program				
Attorney/DOJ Re	ep:		Client: Assignment Date:				
Bar Numbe (If Applicable			DOB:			Close Date:	
Address	 S:		— NTA Charg	56.		_	
City & Zi	р		(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	e services claimed al	oove were in accordance	with the rules and regulatio	ns of San Diego Coun	ty, OAC.
Date:			Attorney:				
					ne above claimed services har operly due and payable by		
	Date:	Autl	Authorized OAC Staff:				

PLEASE SUBMIT THIS FORM ELECTRONICALLY TO

Last Revised: 8/25/2025