COUNTY OF SAN DIEGO
OFFICE OF ASSIGNED COUNSEL

OAC - 8

SUBMIT FOR PAYMENT ONLY

Attorney _____

Bar No. _____

Address

_____

Phone _____

Defendant _____

Case No./Petition No. _____

JDANo _____

DSS/REJIS No. _____

Date Case Assigned _____

Judicial District _____

Date Closed _____

LIST HIGHEST CHARGE FIRST

Charges:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

TYPE OF CASE

Please check class and mark level

☐ Misdemeanor ☐ Class 3 ☐ Others: _____

☐ Class 4

☐ Class 5 ☐ Juv. Delinquency

Level 1 or 2 ☐ JUV 707 Class 3 OR 4 OR 5

REQUEST PAYMENT FOR:

☐ Investigation ☐ Expert Witness ☐ Psychological Evaluation

☐ Others _____

Conducted by _____ Phone _____

In the amount of _____ in the above case.

Approvals ☐ Yes ☐ No

Approved by _____ Amount _____

Approval 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.

Dated _____

_____
SIGNATURE of Attorney for Defendant

_____
PRINT Name of Attorney for Defendant

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

Dated _____

_____
Authorized OAC Staff

This request is denied because

Revised: 3/13/2009