

# San Diego County Office of Assigned Counsel

## Immigration Case

OAC Immigration Form: 1

Attorney/DOJ Rep: \_\_\_\_\_

Client: \_\_\_\_\_

Bar Number  
(if applicable): \_\_\_\_\_

File #: \_\_\_\_\_

Assignment Date: \_\_\_\_\_

Address: \_\_\_\_\_

Close Date: \_\_\_\_\_

City & Zip: : \_\_\_\_\_

NTA Charges  
(if applicable):

Description	#	Date Fee Earned	OAC Staff Sign.	Atty. Claimed Amount	OAC Auth. Amount	For County Use Only
Case Assignment Fee						
Pre-Trial Stage Fee						
Trial Fee						
Credible Fear Interview Fee						
Master Calendar Appearance Fee						
Change of Jurisdiction Coordination Fee						
Custody Hearing Appearance Fee						
Motion Fee						
		Total Potential Fee Earned				
Date Received by OAC						

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:** \_\_\_\_\_