

**COUNTY OF SAN DIEGO
OFFICE OF ASSIGNED COUNSEL
(Immigration)**

OAC - 8

SUBMIT FOR PAYMENT ONLY

LIST HIGHEST CHARGE FIRST

Attorney/DOJ Rep _____
Bar No (if applicable): _____
Address _____

Phone _____
Respondent _____
File No _____
JDA No _____
DSS/REJIS No _____
Date Case Assigned _____
Appointment Program _____
Date Closed _____

Charges (form NTA, if filed):

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

TYPE OF CASE

Please check:

Immigration

REQUEST PAYMENT FOR:

☐ Investigation ☐ Expert Witness ☐ Psychological Evaluation Interpreter
☐ 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