

# San Diego County Office of Assigned Counsel

OAC Form: 6

## Juvenile Dependency Case

Client: _____	JDA #: _____	Guardian A.L.: Yes <input type="checkbox"/> No <input type="checkbox"/>
Attorney: _____	REJIS #: _____	Judicial District: _____
Bar Number: _____	PET #: _____	Close Date: _____
Address: _____	Assignment Date: _____	Check Appropriate Line: Adult: <input type="checkbox"/> Minor: <input type="checkbox"/>
City & Zip: _____	Invoice #: _____	

Charges (Highest Class First) \_\_\_\_\_

Description	#	Date Fee Earned	OAC Staff Sign.	Atty. Claimed Amount	For County Use Only
Disposition Hearing (Closed)					
6 Month Review (Closed)					
12 Month Review (Closed)					
18 Month Review (Closed)					
Permanent Plan Hearing (Closed)					
Post Permanent Plan Review					
Special Hearings					
Pre-Trial Hearings					
Trial Past Jurisdiction - Full days					
Trial Past Jurisdiction - Half days					
Minor Visits in County					
Minor Visits out of County					
Writ					
Motions					
Case Conferences					
		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 the County of San Diego 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 by the County of San Diego.

**Date:** \_\_\_\_\_ **Authorized OAC Staff:** \_\_\_\_\_