

# San Diego County Office of Assigned Counsel

OAC Form:

8

## Juvenile Delinquency Case

Client: \_\_\_\_\_ JDA #: \_\_\_\_\_  
 Attorney: \_\_\_\_\_ REJIS #: \_\_\_\_\_ **707 Only**  
 Bar Number: \_\_\_\_\_ PET #: \_\_\_\_\_ Class: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date Closed: \_\_\_\_\_ Level: \_\_\_\_\_  
 City & Zip: \_\_\_\_\_  
 Assignment Date: \_\_\_\_\_ Invoice #: \_\_\_\_\_

Charges (Highest Class First)

Description	#	Date Fee Earned	OAC Staff Sign.	Atty. Claimed Amount	OAC Auth. Amount
Felony Flat Fee (Closed)					
Jurisdictional Hearing - Full Day					
Jurisdictional Hearing - Half Days					
W&I 777 New Petition Felony (Closed)					
W&I 777 Felony Jur. Hearing					
Full Days					
Half Days					
Misdemeanor Flat Fee (Closed)					
Jurisdictional Hearing - Full Day					
Jurisdictional Hearing - Half Days					
W&I 601 Truancy Hearing					
W&I 777 New Petition - Misdemeanor (Closed)					
W&I 777 Misd. Jur. Hearing					
Full Days					
Half Days					
Review Hearing (Closed)					
W&I 777 (Closed)					
W&I 707 (Hourly)					
SARB Hearing (Closed)					
Line Up					
Writ Flat Fee (Closed)					
Failure to Appear					
		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 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:** \_\_\_\_\_