

San Diego County Office of Assigned Counsel

OAC Form:

9

Juvenile Delinquency Case Witness Counseling Cases

Client: _____

Attorney: _____ JDA #: _____

Bar Number: _____ REJIS #: _____ **707 Only**

Address: _____ PET #: _____ Class: _____

City & Zip: _____ Date Closed: _____ Level: _____

Assignment Date: _____ Invoice #: _____

Charges (Highest Class First)

Description	#	Date Fee Earned	OAC Staff Sign.	Atty. Claimed Amount	OAC Auth. Amount
Witness Counseling					
Misdemeanor - Full Days					
Misdemeanor - Half Days					
Felony - Full Days					
Felony - Half Days					
		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:** _____