Court Appointed Professional (Name, Address and Phone No.): California Bar No.:	Space below for use of Court Clerk only
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TUOLUMNE 12855 Justice Center Drive, Sonora, CA 95370 Criminal: (209) 533-5563 - Civil: (209) 533-5555	
Case Title: *(Abbreviated)*	Case Number:

CLAIM AND ORDER FOR COMPENSATION OF COURT-APPOINTED PROFESSIONAL SERVICES

Appointment by: Honorable _____

Date of Appointment: _____ Services completed on: _____

Type of Appointment: _____ Court-Appointed Criminal Counsel _____ Court-Appointed Dependency Counsel _____ Arbitrator (Civil) _____ Other: _____
Investigator: _____ Civil _____ Conservatorship _____ Family Law _____ Guardianship _____ Probate

I, _____, hereby request payment of $_____, as reasonable compensation and expense relating to my court appointment for the above-entitled case.
Court-appointed services rendered:

(Itemize each service, including the date, the time devoted to, and the amount requested for each service.)

OUT-OF-COURT WORK AND COURT APPEARANCES			
Date	***Type of Service - Limit One Service Per Line***	***Time***	***Amount***

See Page 3 for additional entries.

EXPENSES		
Date(s)	*Item(s)*	*Amount*
TOTAL EXPENSE(S) REQUESTED:		**$**
Total compensation requested (from Page One):		**$**
Total compensation requested (from Page Three):		**$**
TOTAL AMOUNT OF CLAIM:		**$**

Each of the above professional services and expenses was reasonably required in the discharge of my legal duties in this case and I have not received, nor have I promised, any compensation for such services and expenses from any source other than this Court.

I certify under penalty of perjury that the foregoing us true and correct, and this certification was executed on _____ at _____, California.

_____
Signature of Claimant

ORDER

Good cause appearing, the Court finds that the reasonable compensation for professional services necessarily performed, and for the expenses necessarily incurred, by the Claimant pursuant to appointment by this Court is $_____; and **IT IS ORDERED** that such sum be paid to: _____.
(Claimant, insert sum) *(Claimant, insert your name here)*

DATED: _____

_____
JUDGE OF THE SUPERIOR COURT

(Itemize each service, including the date, the time devoted to, and the amount requested for each service.)

OUT-OF-COURT WORK AND COURT APPEARANCES - CONTINUED FROM PAGE ONE			
Date	***Type of Service - Limit One Service Per Line***	***Time***	***Amount***