

**San Diego County Office of Assigned Counsel**

OAC Form: 4

**Civil Case**

Attorney: \_\_\_\_\_ Client: \_\_\_\_\_

Bar Number: \_\_\_\_\_ Case #: \_\_\_\_\_ Judicial District: \_\_\_\_\_

Address: \_\_\_\_\_ Class: \_\_\_\_\_ Close Date: \_\_\_\_\_

City & Zip: \_\_\_\_\_ Level: \_\_\_\_\_ Charges (Highest Class First):

If Paid at Different Class or Level, Indicate Below:

Class: \_\_\_\_\_ Level: \_\_\_\_\_

Assignment Date: \_\_\_\_\_ Invoice #: \_\_\_\_\_

Description	#	Date Fee Earned	OAC Staff Sign.	Atty. Claimed Amount	For County Use Only
Freedom From Custody					
Flat Fee					
Hearing - Full Days					
Hearing - Half Days					
<b>Family Court Contempt</b>					
Flat Fee					
Hearing - Full Days					
Hearing - Half Days					
<b>Mental Health</b>					
Hearing Fee					
Client Visit					
Continuance, Non-requested					
Trial - Full Days					
Trial - 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 performed in accordance with the rules and regulations of the 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:** \_\_\_\_\_