

**SAN BERNARDINO COUNTY
SUPERIOR COURT**

COMMENTS (96)
_____ (24)
_____ (24)
_____ (24)
_____ (24)

VENDOR CODE

DOCUMENT ID:		
PV	_____	_____
TRANS	DEPT.	PV NUMBER
DOCUMENT TOTAL		
\$ _____		

Page ____ of ____

LINE NO.	FUND	DEPT	ORGANIZATION	APPR	OBJECT	GRC/PROJ/JOB NUMBER	AMOUNT
				2 0 0	2 4 4 5		
				2 0 0	2 4 4 5		
				2 0 0	2 4 4 5		

**INVESTIGATOR AND EXPERT
APPOINTED SERVICES CLAIM**

(PLEASE TYPE OR PRINT LEGIBLY) CHECK HERE IF NEW ADDRESS PI No. _____

CLAIM OF _____

ADDRESS _____

CITY, STATE _____ ZIP _____

E-MAIL _____ PHONE _____

CASE NO. _____

DEFENDANT _____

DATE APPOINTED _____

INVESTIGATOR FEE SCHEDULE
— Court order of appointment must be attached —

CRIMINAL / DELINQUENCY	\$30.00 per hour
CAPITAL / LWOP	\$35.00 per hour

Mileage to be paid at the current Court-approved rate.

DATE OF SERVICE	SERVICE PERFORMED/EXPENSE ITEMIZATION	HOURS	MILEAGE	EXPENSES

Appointed services and expenses are at the discretion of the court and pursuant to the *Policies and Procedures for Administration of 987.2 Penal Code Applications* and Appointed Services Fee Schedule (copies available on website www.sb-court.org). Court order of appointment must be attached to claim. Services must be itemized by date and service rendered, with sufficient detail to support the claim for payment. Locations (city) must be specified if mileage and/or travel time is claimed.

I hereby certify that I have reviewed this billing and that these services were performed at my request. The charges shown are recommended for payment as reasonable and appropriate.	I hereby certify under penalty of perjury that the foregoing claim for services is true and correct (CCP 2015.5), that I was appointed pursuant to applicable California Code for the named client, and that no part of this claim has previously been presented or paid. For investigators: I further certify that I have been continually duly licensed to practice as an investigator in the State of California for the time period claimed above.	I certify that the above services were verified in accordance with established procedures.	_____ HOURS @ _____ \$ _____ _____ MILES @ _____ \$ _____ EXPENSES \$ _____ CLAIM TOTAL \$ _____
_____ Signature of Attorney Date	_____ Signature of Claimant Date		

AUDITOR/CONTROLLER'S APPROVAL FOR PAYMENT: I hereby certify that I have examined the facts of the transaction herein set forth as evidenced by the information hereon and the documents attached hereto. All verifications, certification, and checking of computations required by the County Charter and Government Codes have been complied with and this claim in the total amount shown is hereby approved for payment.

COUNTY AUDITOR/CONTROLLER BY _____ DATE _____