

STANISLAUS COUNTY SUPERIOR COURT

In the Matter of: \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ a minor \_\_\_\_\_ )

Case No. \_\_\_\_\_

**DECLARATION AND ORDER FOR ATTORNEY FEES / RECAPITULATION**  
**“JUVENILE FEE CLAIM”**

The undersigned attorney, who is duly licensed to practice law in California, declares that on \_\_\_\_\_ the Honorable \_\_\_\_\_ presiding, appointed the undersigned to represent \_\_\_\_\_ a minor / father / mother / legal guardian in a  W & I Code §300 or  W& I Code §602 proceeding, on \_\_\_\_\_ the final disposition of the case was made before the Honorable \_\_\_\_\_ presiding.

The undersigned states that he/she has performed the legal services and incurred the expenses listed in this Declaration as follows, and on which were reasonable and necessary.

Date	Description of Activity or Time Sheet No.	Time in 1/10
1.		
2.		
3.		
4.		

Total \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_

I have received payment of \$ \_\_\_\_\_ on this case.  
 Harris Motion Appt. \_\_\_\_\_ “Y” or “N” (Yes or No)

(List additional information in order on reverse side of attachments.)

I declare under penalty of perjury that the foregoing, including any attachments, is true and correct.

Executed on \_\_\_\_\_ at Modesto, California.

Print Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Declarant’s Signature \_\_\_\_\_

**ORDER FOR PAYMENT OF FEES**

Pursuant to the above declaration and the information provided therein, attorney’s fees and costs are hereby awarded to the declarant in the sum of \$ \_\_\_\_\_. The County Auditor-Controller is hereby directed to make said payment to the above declarant.

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Authorized signature

Shaded areas for Accounting and Auditor’s use only

**ORACLE ACCOUNT CODING STRIP**

BATCH NAME	PREPARED BY:	DEPT: PUBLIC DEFENDER
KEYED BY	DATE:	Phone:

Inv.Date: \_\_\_\_\_ Inv. # \_\_\_\_\_ Supplier # \_\_\_\_\_

AMOUNT	FUND	ORG	ACCOUNT	MISCELLANEOUS	DESCRIPTION	TERMS
	0100	27550	66750			IMMED

DATE AUTHORIZED DEPT. SIGNATURE \_\_\_\_\_

DATE AUDITOR APPROVING SIGNATURE \_\_\_\_\_  
 (Exceeding \$75,000)

REPORTABLE Y or N \_\_\_\_\_ SITE NAME: \_\_\_\_\_