SUPERIOR COURT OF CALIFORNIA, COUNTY OF AMADOR

500 ARGONAUT LANE, JACKSON, CA 95642

Investigator's Name, Address and Telephone No.	*CLERK'S USE ONLY*
	Case No.
Case Title:	**Invoice Date:**

PROFESSIONAL SERVICES CLAIM FORM AND ORDER

CLAIM AND REQUEST FOR APPROVAL OF:

☐ INVESTIGATOR'S FEE ☐ INVESTIGATOR'S EXTRAORDINARY FEES

☐ OTHER SERVICES: _____

To the Judge of the Superior Court:

Å I have attached a copy of the order authorizing the services/funds.

The attached itemized statement accurately reflects all of the time I have spent on this action for the following billing period.

Billing Period:_____ through _____**TOTAL CLAIM:** $_____

date date

I declare under penalty of perjury that the itemized statement and claim for services attached hereto is true and correct and accurately reflects the time spent by me in this action.

Date:_____ Signature: _____

ORDER

The Court having read and reviewed the claim submitted herein orders the following sums to be paid from the:

☐ **SUPERIOR COURT OF CALIFORNIA, COUNTY OF AMADOR** ☐ **COUNTY TREASURY, COUNTY OF AMADOR**

Amount Approved: $_____

Dated: _____ _____

Judge of the Superior Court

☐ The **Order Sealing the Request for Approval of Fees was made by the Court on:** _____.
As part of that Order, the invoice and the associated itemized billing are sealed. In order for the invoices to be paid, they must be sent to County officials. The court is hereby authorized to submit approved claim forms, without any itemized statements attached, to the County for payment. The Court sends the claim forms to GSA who in turn sends the forms to the auditor for payment. These County entities are hereby ordered to shred or maintain the claim forms confidentially and not release said claim forms to any other entity, unless authorized to do so by further order of this Court. The itemized statements are to be retained by the Court under seal. The Court's fiscal department may maintain the documents in a locked file cabinet, in a separate file folder indicating they are "sealed." The fiscal department shall not release the records or provide access to anyone, other than as provided by in this order, unless otherwise authorized by further Court Order**.**

ITEMIZED STATEMENT

CASE NO.:

Itemize each service. Include the date; if court appearance, include the Dept. number; explanation of service, time devoted, and cost.

SERVICE DATE	DEPT	TYPE OF SERVICE	# OF HOURS	RATE	COST

TOTAL # OF HOURS _____ X $ _____/HOUR = $

_____ _____

Date Signature