

NAME, ADDRESS AND PHONE NO. OF ATTORNEY:

CASE TITLE:

CASE NO:

APPLICATION FOR ATTORNEY'S FEES AND ORDER

I am an attorney at law admitted to practice in the State of California. I have not received compensation in this matter and according to my information and belief the person I represented has not since the date of my representation and does not now have any money or property with which to pay my fees or expenses which are claimed below in this application. I hereby make application for payment of these fees and expenses as follows:

- a. Name of represented:
- b. Date of appointments:
- c. Legal services terminated on or about:
- d. Dates of performed legal services:
- e. Attorney's fees claimed: \$ _____
- f. Expenses claimed: \$ _____
- g. Total amount claimed \$ _____
- h. Summary of legal services performed (describe below):

- i. Expenses incurred: (Specify)

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct

Date

Signature of Attorney

ORDER

IT IS HEREBY ORDERD that the following amount shall be paid from the Madera County General Fund for attorney's fees and costs:

Fees: _____

Costs: _____

Total: _____

Date

Judge of the Superior Court