

**SAN BERNARDINO COUNTY SUPERIOR COURT  
INVESTIGATOR AND EXPERT  
APPOINTED SERVICES CLAIM**

INTERNAL USE ONLY			
COUNTY ISSUED VENDOR CODE	GENERAL LEDGER	INVOICE NUMBER	DOCUMENT TOTAL
	5 2 0 0 2 4 4 5		\$

Invoice Date \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

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

<p>(PLEASE TYPE OR PRINT LEGIBLY) <input type="checkbox"/> CHECK HERE IF NEW ADDRESS PI No. _____</p> <p>CLAIM OF _____</p> <p>ADDRESS _____</p> <p>CITY, STATE _____ ZIP _____</p> <p>E-MAIL _____ PHONE _____</p>	<p>CASE NO. _____</p> <p>DEFENDANT _____</p> <p>DATE APPOINTED _____</p>	<p align="center"><b>INVESTIGATOR FEE SCHEDULE</b></p> <p align="center">— Court order of appointment must be attached —</p> <p>CRIMINAL / DELINQUENCY ..... \$35.00 per hour</p> <p>CAPITAL / LWOP..... \$40.00 per hour</p> <p>Mileage to be paid at the current Court-approved rate.</p>
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DATE OF SERVICE	SERVICE PERFORMED/EXPENSE ITEMIZATION	HOURS	MILEAGE	EXPENSES

<p>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.</p> <p>_____ Attorney Signature</p> <p>_____ Date</p>	<p>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.</p> <p>_____ Claimant Signature</p> <p>_____ Date</p>	<p>I certify that the above services were verified in accordance with established procedures.</p> <p>_____ Court Verifying Official PRINT Name</p> <p>_____ Court Verifying Official Signature</p> <p>_____ Date</p>	<p>_____ HOURS @ _____ \$ _____</p> <p>_____ MILES @ _____ \$ _____</p> <p>_____ MILES @ _____ \$ _____</p> <p>EXPENSES ..... \$ _____</p> <p><b>CLAIM TOTAL</b> ..... \$ _____</p>
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COUNTY REVIEWER PAYMENT APPROVAL: I hereby certify that I have examined the facts of the transaction(s) herein set forth as evidenced by the information hereon and the documents attached hereto. All verifications, certification, and computation checking 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 REVIEWER INITIALS: \_\_\_\_\_ DATE \_\_\_\_\_ CAO ANALYST INITIALS: \_\_\_\_\_ DATE \_\_\_\_\_