

INVOICE: DEPENDENCY WRIT

To _____ Office _____, Supervisor
(DLG office representing client - PPO, CPO, MCO, CCO) (name of DLG supervisor of that office)

Writ Attorney _____ St. Bar No. _____ Tax ID./ Soc. Sec. No. _____

Remit to Address _____

Case: In re _____ Super. Ct. No. _____ Ct. App. No. D0 _____

Client _____ Relationship _____ Role _____
(party whom attorney represented) (mo., fa., minor, etc.) (petitioner, real party, non-petitioning minor, etc.)

Proceeding 366.26 366.28 Other _____

Date of association _____ Date services concluded _____

PROFESSIONAL SERVICES

Service	Hours	Explanation
a. Record review (length _____ pp.)	_____	_____
b. Client/trial counsel communication	_____	_____
c. Record completion/correction	_____	_____
d. Principal filing (specify)	_____	_____ <small>(petition, response, no-issue letter, minor's response or joinder, etc.)</small>
e. Extension request(s)	_____	_____
f. Stay request	_____	_____
g. Other motions/applications (specify)	_____	_____
h. Petition(s) other than principal filing	_____	_____ <small>(specify: rehearing, review, answer, habeas corpus, etc.)</small>
i. Oral argument	_____	_____
j. Review of other parties', court's filings	_____	_____ <small>(specify: petition, response, minor's response or joinder, opinion, etc.)</small>
k. Other services (specify)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total hours _____ **Value @ \$ _____ /hr.** **\$ _____**
(currently \$85.00)

Case: In re _____ Super. Ct. No. _____ Ct. App. No. D0 _____ Attorney _____

EXPENSES*

Expense	Amount	Explanation
l. Photocopying & binding	\$ _____	_____
m. Postage/delivery	\$ _____	_____
n. Telephone	\$ _____	_____
o. Travel (specify reason, method)	\$ _____	_____
p. Translator, other expert	\$ _____	_____
q. Other	\$ _____	_____
	\$ _____	_____
Total	\$ _____	

***MUST ATTACH RECEIPTS. Usual state compensation standards apply.**

Additional Explanations, Comments (use additional sheets if necessary)

INVOICE SUMMARY

Total professional services (from page 1)	\$ _____
Total expenses (must attach receipts)	\$ _____
INVOICE TOTAL	\$ _____

The statements in this claim and any attached documents are true and correct.

Date _____ Signed _____ St. Bar No. _____