

County of Imperial Attorney Request for Fees

Please electronically submit this bill and all attachments to countycounsel@co.imperial.ca.us.

BILLING PARTY

NAME:

ADDRESS:

PHONE:

EMAIL:

SOCIAL SECURITY/TAX ID#:

BILLING MONTH: _____

NON-STATE PRISON CASES

Case Name	Case #	Charges	Billing Rate \$	Total Hours Billed This Month	Activity Code	Per Hour Total \$	Mileage / Other Expenses \$	Total this Bill \$	Amt Paid to Date on this Case \$
TOTAL									

TOTAL REQUEST FOR FEES FOR THIS BILLING MONTH: _____

DATED

ATTORNEY

County Counsel approval

Hourly Rates: Misdemeanor \$50 Appeal: \$50 Felony: \$65 Serious Felony: \$75 Juvenile Delinquency \$65