



**SUPERIOR COURT OF CALIFORNIA**  
**COUNTY OF SACRAMENTO**  
**SITTING AS THE JUVENILE COURT**

**Juvenile Expert Panel Fee Claim**

**Instructions:** Submit claim along with the evaluation report directly to the judicial officer's department that ordered the evaluation.

<b>Case Information</b>	1. Case Name:		2. Case No.:																				
	3. Heard before Judicial Officer:		4. Department:																				
	5. Date Ordered:																						
6. Evaluation Type:																							
<input type="checkbox"/> A. Dispositional Evaluations (non-CAPS), including Penal Code § 288.1 Evaluations, etc. (Welfare & Institutions Code § 741), County expense; <input type="checkbox"/> B. Child Adolescent Psychiatric Services (CAPS), California Rules of Court, rule 5.645(a), County expense; or <input type="checkbox"/> C. Competency, California Rules of Court, rule 5.645(d), Court expense.																							
<b>Claim Information and Amount</b>	I was appointed by the above-named judicial officer to conduct a psychological evaluation and to prepare a written report for the Court pursuant to Section 730 of the Evidence Code.																						
	7. I request a total fee in the amount of: \$ _____		8. Number of hours claimed: _____																				
	You must also provide a separate attached detailed billing statement, with the following information (see sample format on right): a. Date(s) of work performed; b. Description of all work performed; c. Total time for each work activity indicated; and d. Total hours for all worked performed. <b>Note:</b> Requests for fees in excess of \$1,000 require <u>prior</u> written approval of the Court. The Expert Panelist shall include in the request for approval an explanation as to the basis for additional fees. You must attach any written approvals to your claim.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;"><b>Sample Format: Detailed Billing Statement</b></th> </tr> <tr> <th style="width: 15%;">Date</th> <th style="width: 45%;">Worked Performed</th> <th style="width: 15%;">Hours</th> <th style="width: 25%;">Amount</th> </tr> </thead> <tbody> <tr> <td>2/2/17</td> <td>Evaluation of Minor</td> <td style="text-align: center;">3.5</td> <td style="text-align: center;">xxx.xx</td> </tr> <tr> <td>2/2/17</td> <td>Preparation of Report</td> <td style="text-align: center;">2.5</td> <td style="text-align: center;">xxx.xx</td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTAL Hours and Amount</td> <td style="text-align: center;">6.0</td> <td style="text-align: center;">\$xxx.xx</td> </tr> </tbody> </table>		<b>Sample Format: Detailed Billing Statement</b>				Date	Worked Performed	Hours	Amount	2/2/17	Evaluation of Minor	3.5	xxx.xx	2/2/17	Preparation of Report	2.5	xxx.xx	TOTAL Hours and Amount		6.0
<b>Sample Format: Detailed Billing Statement</b>																							
Date	Worked Performed	Hours	Amount																				
2/2/17	Evaluation of Minor	3.5	xxx.xx																				
2/2/17	Preparation of Report	2.5	xxx.xx																				
TOTAL Hours and Amount		6.0	\$xxx.xx																				
<b>Doctor Information</b>	9. Name:		10. Vendor No.:																				
	11. Telephone No.:		12. Address:																				
	13. Signature:  _____ Signature of Doctor			14. Date:																			
<b>For Court Use Only</b>	15. Court Administration Comments:																						
	16. Fees are approved in the sum of:  \$ _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>_____ Judge of the Superior Court</span> <span>_____ Date</span> </div>																						