SUPERIOR COURT OF CALIFORNIA
COUNTY OF KERN
CLAIM FOR PAYMENT

Name of Claimant _____

Address _____
_____
_____

Telephone _____

☐ INTERPRETER SERVICES 7594
☐ REPORTER SERVICES
☐ PAY PERIOD: 1ST – 15TH
☐ PAY PERIOD: 16TH – end of the month

Court Branch: _____

Language: _____

☐ Certified ☐ Non-Certified

INSTRUCTIONS

1. Claims must be filled out completely and signed by the claimant before submission to the Court.
2. Claims for services must be filed in compliance with Superior Court of California, County of Kern Local Rules of Court.
3. Case NAME and NUMBER must be included on form.

Date	AM/PM	DESCRIPTION	DOLLARS	CENTS
		TOTAL →		

The undersigned, under penalty of perjury, states: that the above claim is true and correct; that no part thereof has heretofore been claimed or paid; that a duplicate payment will be promptly reimbursed upon demand; that the claim is presented not later than ***60 days*** after last court appearance or date of service. . (Original forms and signatures are required.)

_____ _____ _____ _____
CLAIMANT SIGNATURE DATE SUPERVISOR SIGNATURE DATE

Expenditure Authorized and Approved by:

_____ _____
AUTHORIZED DEPARTMENTAL SIGNATURE DATE