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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address) | | <i>For Court Use Only</i> |
| TELEPHONE NO.: | FAX NO. (Optional): | |
| E-MAIL ADDRESS: | | |
| ATTORNEY FOR (Name): | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO | | |
| UKIAH Courthouse 100 North State Street Ukiah, CA 95482 | TEN MILE Branch Court 700 South Franklin Street Fort Bragg, CA | CASE NUMBER: |
| PLAINTIFF/PETITIONER: | | HEARING DATE: |
| vs | | HEARING TIME: |
| DEFENDANT/ RESPONDENT: | | DEPARTMENT: |

CLAIM FORM

NAME AND ADDRESS OF VENDOR _____

Invoice No. _____

I hereby certify that the service and costs described in the attached invoice have been performed and incurred on the dates set forth and that no prior claim has been made for the same.

Signature of Claimant

It is hereby ordered that the above-named person be compensated for the total due for services rendered and costs incurred in the sum of

\$ _____.

Dated: _____

Judge of the Superior Court