Decision

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA

|  |  |
| --- | --- |
| [Proceeding Name] | [Proceeding Number](Filed [*date*]) |

**INTERVENOR COMPENSATION CLAIM OF [INTERVENOR’S NAME]**

**AND DECISION ON INTERVENOR COMPENSATION CLAIM OF [INTERVENOR’S NAME]**

|  |
| --- |
| **NOTE: After electronically filing a PDF copy of this Intervenor Compensation Claim (Request), please email the document in an MS WORD and supporting EXCEL spreadsheet to the Intervenor Compensation Program Coordinator at** **Icompcoordinator@cpuc.ca.gov****.** |

|  |  |
| --- | --- |
| **Intervenor:**  | **For contribution to Decision (D.)**  |
| **Claimed: $** | **Awarded: $** |
| **Assigned Commissioner:**  | **Assigned ALJ:**  |
| I hereby certify that the information I have set forth in Parts I, II, and III of this Claim is true to my best knowledge, information and belief. I further certify that, in conformance with the Rules of Practice and Procedure, this Claim has been served this day upon all required persons (as set forth in the Certificate of Service attached as Attachment 1). |
| **Signature:** |  |
| **Date:**  | **Printed Name:** |  |

**PART I: PROCEDURAL ISSUES**

***(to be completed by Intervenor except where indicated)***

|  |  |
| --- | --- |
| **A. Brief description of Decision:**  |  |

1. **Intervenor must satisfy intervenor compensation requirements set forth in Pub. Util. Code §§ 1801-1812[[1]](#footnote-1):**

|  | **Intervenor** | **CPUC Verification** |
| --- | --- | --- |
| **Timely filing of notice of intent to claim compensation (NOI) (§ 1804(a)):** |
| 1. Date of Prehearing Conference: |  |  |
| 2. Other specified date for NOI: |  |  |
| 3. Date NOI filed: |  |  |
| 4. Was the NOI timely filed? |  |
| **Showing of eligible customer status (§ 1802(b))** **or eligible local government entity status (§§ 1802(d), 1802.4):** |
| 5. Based on ALJ ruling issued in proceeding number: |  |  |
| 6. Date of ALJ ruling: |  |  |
| 7. Based on another CPUC determination (specify): |  |  |
| 8. Has the Intervenor demonstrated customer status or eligible government entity status? |  |
| **Showing of “significant financial hardship” (§1802(h) or §1803.1(b)):** |
| 9. Based on ALJ ruling issued in proceeding number: |  |  |
| 10. Date of ALJ ruling: |  |  |
| 11. Based on another CPUC determination (specify): |  |  |
| 12. Has the Intervenor demonstrated significant financial hardship? |  |
| **Timely request for compensation (§ 1804(c)):** |
| 13. Identify Final Decision: |  |  |
| 14. Date of issuance of Final Order or Decision:  |  |  |
| 15. File date of compensation request: |  |  |
| 16. Was the request for compensation timely? |  |

1. **Additional Comments on Part I: *(use line reference # as appropriate)***

| **#** | **Intervenor’s Comment(s)** | **CPUC Discussion** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**PART II: SUBSTANTIAL CONTRIBUTION**

***(to be completed by Intervenor except where indicated)***

1. **Did the Intervenor substantially contribute to the final decision (*see* § 1802(j),
§ 1803(a), 1803.1(a) and D.98-04-059): *(For each contribution, support with specific reference to the record.)***

| **Intervenor’s Claimed Contribution(s)** | **Specific References to Intervenor’s Claimed Contribution(s)** | **CPUC Discussion** |
| --- | --- | --- |
| 1.  |  |  |
| 2.  |  |  |
| 3.  |  |  |

1. **Duplication of Effort (§ 1801.3(f) and § 1802.5):**

|  | **Intervenor’s Assertion** | **CPUC Discussion** |
| --- | --- | --- |
| **a. Was the Public Advocate’s Office of the Public Utilities Commission (Cal Advocates) a party to the proceeding?[[2]](#footnote-2)** |  |  |
| **b. Were there other parties to the proceeding with positions similar to yours?**  |  |  |
| **c. If so, provide name of other parties:**  |  |
| **d. Intervenor’s claim of non-duplication:**  |  |

1. **Additional Comments on Part II: *(use line reference # or letter as appropriate)***

| **#** | **Intervenor’s Comment** | **CPUC Discussion** |
| --- | --- | --- |
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**PART III: REASONABLENESS OF REQUESTED COMPENSATION**

***(to be completed by Intervenor except where indicated)***

1. **General Claim of Reasonableness (§ 1801 and § 1806):**

|  | **CPUC Discussion** |
| --- | --- |
| **a. Intervenor’s claim of cost reasonableness:**  |  |
| **b. Reasonableness of hours claimed:**  |  |
| **c. Allocation of hours by issue:**  |  |

1. **Specific Claim:\***

| **Claimed** | **CPUC Award** |
| --- | --- |
| **ATTORNEY, EXPERT, AND ADVOCATE FEES** |
| **Item** | **Year** | **Hours** | **Rate $** | **Basis for Rate\*** | **Total $** | **Hours** | **Rate $** | **Total $** |
| [Attorney 1] |  |  |  |  |  |  |  |  |
| [Attorney 2] |  |  |  |  |  |  |  |  |
| [Expert 1] |  |  |  |  |  |  |  |  |
| [Expert 2] |  |  |  |  |  |  |  |  |
| [Advocate 1] |  |  |  |  |  |  |  |  |
| [Advocate 2] |  |  |  |  |  |  |  |  |
| ***Subtotal: $*** | ***Subtotal:* $** |
| **OTHER FEES****Describe here what OTHER HOURLY FEES you are Claiming (paralegal, travel \*\*, etc.):** |
| **Item** | **Year** | **Hours** | **Rate $** | **Basis for Rate\*** | **Total $** | **Hours** | **Rate $** | **Total $** |
| [Person 1] |  |  |  |  |  |  |  |  |
| [Person 2] |  |  |  |  |  |  |  |  |
| ***Subtotal: $*** | ***Subtotal: $*** |
| **INTERVENOR COMPENSATION CLAIM PREPARATION \*\*** |
| **Item** | **Year** | **Hours** | **Rate $** | **Basis for Rate\*** | **Total $** | **Hours** | **Rate $** | **Total $** |
| [Preparer 1] |  |  |  |  |  |  |  |  |
| [Preparer 2] |  |  |  |  |  |  |  |  |
| ***Subtotal: $*** | ***Subtotal: $*** |
| **COSTS** |
| **#** | **Item** | **Detail** | **Amount** | **Amount** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| ***Subtotal: $*** | ***Subtotal: $*** |
| ***TOTAL REQUEST: $*** | ***TOTAL AWARD: $*** |
|  \*We remind all intervenors that Commission staff may audit the records and books of the intervenors to the extent necessary to verify the basis for the award (§1804(d)). Intervenors must make and retain adequate accounting and other documentation to support all claims for intervenor compensation. Intervenor’s records should identify specific issues for which it seeks compensation, the actual time spent by each employee or consultant, the applicable hourly rates, fees paid to consultants and any other costs for which compensation was claimed. The records pertaining to an award of compensation shall be retained for at least three years from the date of the final decision making the award. \*\*Travel and Reasonable Claim preparation time are typically compensated at ½ of preparer’s normal hourly rate  |
| **ATTORNEY INFORMATION** |
| **Attorney** | **Date Admitted to CA BAR[[3]](#footnote-3)** | **Member Number** | **Actions Affecting Eligibility (Yes/No?)****If “Yes”, attach explanation** |
|  |  |  |  |
|  |  |  |  |

1. **Attachments Documenting Specific Claim and Comments on Part III:**

***(Intervenor completes; attachments not attached to final Decision)***

| **Attachment or Comment #** | **Description/Comment** |
| --- | --- |
| 1 | Certificate of Service |
| 2 |  |

1. **CPUC Comments, Disallowances, and Adjustments *(CPUC completes)***

| **Item** | **Reason** |
| --- | --- |
|  |  |
|  |  |

**PART IV: OPPOSITIONS AND COMMENTS**

**Within 30 days after service of this Claim, Commission Staff**

 **or any other party may file a response to the Claim (*see* § 1804(c))**

|  |  |
| --- | --- |
| **A. Opposition: Did any party oppose the Claim?** |  |

If so:

|  |  |  |
| --- | --- | --- |
| **Party** | **Reason for Opposition** | **CPUC Discussion** |
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| --- | --- |
| **B. Comment Period: Was the 30-day comment period waived (*see* Rule 14.6(c)(6))?** |  |

If not:

|  |  |  |
| --- | --- | --- |
| **Party** | **Comment** | **CPUC Discussion** |
|  |  |  |
|  |  |  |

***(Green items to be completed by Intervenor)***

**FINDINGS OF FACT**

1. **[**INTERVENOR’S FULL LEGAL NAME**]** [has/has not] made a substantial contribution to D.\_\_\_\_\_\_\_\_\_.
2. The requested hourly rates for **[**INTERVENOR’S FULL LEGAL NAME**]**’s representatives [, as adjusted herein,] are comparable to market rates paid to experts and advocates having comparable training and experience and offering similar services.
3. The claimed costs and expenses [, as adjusted herein,] are reasonable and commensurate with the work performed.
4. The total of reasonable compensation is $\_\_\_\_\_\_\_\_\_\_\_.

**CONCLUSION OF LAW**

1. The Claim, with any adjustment set forth above, [satisfies/fails to satisfy] all requirements of Pub. Util. Code §§ 1801-1812.

**ORDER**

1. **[**INTERVENOR’S FULL LEGAL NAME] is awarded $\_\_\_\_\_\_\_\_\_\_\_\_.
2. Within 30 days of the effective date of this decision, \_\_\_\_\_ shall pay **[**INTERVENOR’S FULL LEGAL NAME**]** the total award. [for multiple utilities: “Within 30 days of the effective date of this decision, ^, ^, and ^ shall pay **[**INTERVENOR’S FULL LEGAL NAME**]** their respective shares of the award, based on their California-jurisdictional [industry type, for example, electric] revenues for the ^ calendar year, to reflect the year in which the proceeding was primarily litigated. If such data are unavailable, the most recent [industry type, for example, electric] revenue data shall be used.”] Payment of the award shall include compound interest at the rate earned on prime, three-month non-financial commercial paper as reported in Federal Reserve Statistical Release H.15, beginning [date], the 75th day after the filing of **[**INTERVENOR’S FULL LEGAL NAME]’srequest, and continuing until full payment is made.
3. The comment period for today’s decision [is/is not] waived.

This decision is effective today.

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_, at San Francisco, California.

**APPENDIX**

**Compensation Decision Summary Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Compensation Decision:** |  | **Modifies Decision?**  |  |
| **Contribution Decision(s):** |  |
| **Proceeding(s):** |  |
| **Author:** |  |
| **Payer(s):** |  |

**Intervenor Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Intervenor** | **Date****Claim Filed** | **Amount Requested** | **Amount Awarded** | **Multiplier?** | **Reason Change/Disallowance** |
| **[**INTERVENOR’S NAME**]** |  |  |  | N/A |  |

**Hourly Fee Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Attorney, Expert, or Advocate** | **Hourly****Fee Requested** | **Year Hourly****Fee Requested** | **Hourly****Fee Adopted** |
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**(END OF APPENDIX)**

1. All statutory references are to California Public Utilities Code unless indicated otherwise. [↑](#footnote-ref-1)
2. The Office of Ratepayer Advocates was renamed the Public Advocate’s Office of the Public Utilities Commission pursuant to Senate Bill No. 854, which the Governor approved on June 27, 2018.  [↑](#footnote-ref-2)
3. This information may be obtained through the State Bar of California’s website at <http://members.calbar.ca.gov/fal/MemberSearch/QuickSearch>. [↑](#footnote-ref-3)