

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name and Address): TELEPHONE NUMBER:	FOR COURT USE ONLY
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 201 North First Street, San José, CA 95113 MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, California 95113 BRANCH NAME: Family Justice Center	
PETITIONER:	
RESPONDENT:	
CLAIMANT:	CASE NUMBER:
APPLICATION FOR PAYMENT OF ATTORNEY FEES AND COSTS OF CHILDREN'S COUNSEL	
APPLICATION #:	
APJ:	
DEPARTMENT:	

I, _____, declare the following:

1. I am the Child(ren)'s Counsel in the above-entitled action. I was appointed on _____, by the Honorable _____ to represent the following child(ren) in this matter: _____.
2. I, and/or my staff, have completed _____ hours of work on this matter between the date _____ of and _____.
3. At my billing rate of \$_____ per hour, I have billed a total in fees and costs of \$_____ during this time period. Billing is at a reduced rate of \$_____ per hour. My usual hourly rate is \$_____ per hour.
4. This matter, as it pertains to my client(s), is complete.
 An order has been entered, or
 I am currently requesting that an order be entered for that reason, terminating my appointment.
5. I am now requesting attorney fees and costs from _____ through _____ for the _____ hours that I and/or my staff have spent on behalf of the minor child(ren)
 since my appointment, or since my last application for an order for fees.
6. I am now requesting that the court order the replenishment of the retainer. I ask that each party pay the amount of \$_____ to me within fifteen (15) days of the date the Order for Fees is filed.

PETITIONER:	CASE NUMBER:
RESPONDENT:	

7. Each month since my appointment I have sent billing statements to the parties through their attorneys of record, or, if self-represented, to the party directly. I am submitting with this application, copies of those statements as Exhibit "A," not to be filed in the court file. My time was billed at the rate of \$_____ per hour. If applicable, I have billed paralegal time at the rate of \$_____ per hour. I have recorded_____ hours at no charge.

8. I am requesting fees in the amount of _____ and costs in the amount of _____. I recommend that the court allocate the payment of such fees and costs as follows:
 _____% to be paid by Mother;
 _____% to be paid by Father;
 _____% to be paid by the Superior Court

for the following reason(s): _____

9. I mailed a copy of this Application and Exhibits with a blank Response and blank Income and Expense Declaration to the parties or their attorneys of record on_____.

A copy of this Application and Exhibits with a blank Response and blank Income and Expense Declaration was served on the parties or their attorneys of record on _____.

10. I am submitting this Application and Exhibits to the clerk of Department _____.

11. I am submitting this Application and Exhibits to the Superior Court Finance Department.

12. I request Abstracts of Judgment and Earnings Withholdings Orders be issued for the following reasons:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

 Child(ren)'s Counsel

NOTICE TO PARTIES:

You must complete the form "Response to Application for Payment of Fees and Costs of Children's Counsel" and follow the procedures set out in that form. Your response must be *received* within 21 calendar days of the date of this application. See "Payment Procedure for Children's Attorney," enclosed.

Failure to submit a response may result in an order directing you to pay up to 100% of the fees and costs requested.

***or mailed to: Superior Court of California, County of Santa Clara
 191 North First St., San José, CA 95113**