

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name and Address):  TELEPHONE NUMBER:	FOR COURT USE ONLY
ATTORNEY FOR (Name):	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> 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:
<b>APPLICATION FOR PAYMENT OF ATTORNEY FEES AND COSTS OF CHILDREN'S COUNSEL</b>	
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.

