

<p>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 Courthouse</p>	<p><i>FOR COURT USE ONLY</i></p>
<p>PETITIONER: RESPONDENT: OTHER PARENT/ CLAIMANT:</p>	
<p><input type="checkbox"/> APPLICATION AND ORDER FOR EXPERT WITNESS FEES (FAMILY CODE SECTION 3112) <input type="checkbox"/> APPLICATION AND ORDER FOR DEPOSITION FEES (GOVERNMENT CODE SECTION 68096.1(d))</p>	<p>CASE NUMBER: DEPARTMENT NUMBER: FCS NUMBER:</p>

APPLICATION

I, _____, declare under penalty of perjury, as follows:

1. I am an Evaluator/Screenener for the Superior Court of California, County of Santa Clara Family Law Division.
2. I have been ordered by the Court to perform an evaluation/screening involving custody and visitation investigation in the above listed matter and, in conjunction with such evaluation I have been required to provide testimony as an expert witness on _____.
3. The assessed fee for such testimony is \$160.00 per hour. I spent _____ hours testifying. The total cost for the testimony is \$_____.

Dated: _____

Signed: _____
Screenener/Evaluator

ORDER

IT IS ORDERED that:

1. Each party shall pay \$_____, which is one half of the Family Court Services fee. The fees are due and payable within 30 days from the service of this Order, unless a fee waiver of these specific fees in granted.
2. Other Orders: _____

Dated: _____

Judicial Officer