

ATTORNEY OR PARTY WITHOUT AN ATTORNEY: Name _____ TELEPHONE NUMBER: _____		ATTACHMENT FM-1067
Firm _____ Address: _____ e-mail _____		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 #:
APPLICATION AND ORDER FOR PAYMENT OF ATTORNEY FEES AND COSTS OF CHILDREN'S COUNSEL		APJ:
		DEPARTMENT:

APPLICATION (TO BE COMPLETED BY CHILDREN'S COUNSEL):

I, _____, declare the following:

- 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: _____.
- I, and/or my staff, have completed _____ hours of work on this matter between the date _____ of and _____.
- I have billed a total in fees and costs of \$ _____ during this time.
 - at my standard rate of \$ _____ per hour, or
 - at a reduced rate of \$ _____ per hour. My standard rate is \$ _____ per hour.
 If applicable, I have billed paralegal time at the rate of \$ _____ per hour.
 I have recorded _____ hours at no charge.
- 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.
- I am now requesting attorney fees and costs for { _____ } 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.
- 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. 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 **Petitioner**
 % to be paid by **Respondent**
 % to be paid by the Superior Court

for the following reason(s): _____

8. 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 _____.

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

10. I request an order that if a party fails to make a full payment within 10 days of the due date ordered by the court, the entire balance will immediately become due with interest accruing at the legal rate from the date of default.

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 Child(ren)'s Counsel: You must submit this Application and Order through e-filing.

To the Parties: You must complete the form "Response to Application for Payment of Fees and Costs of Children's Counsel (form FM-1068)" and follow the procedures set out in that form. Your response must be filed within 21 calendar days of the date of this application.

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

ORDER (TO BE COMPLETED BY THE COURT):

PETITIONER:	CASE NUMBER:
RESPONDENT:	

Having reviewed the request of the Children’s Counsel and any responses by the parents and the Superior Court of California, County of Santa Clara Finance Division, IT IS ORDERED:

1. Children’s Counsel, _____, shall be paid \$_____ in current fees and \$_____ in costs for the period from _____ to _____.
2. Petitioner shall pay \$_____. Payment shall be made as follows:
 - Monthly payments in the amount of \$_____ shall commence on _____.
 - Other:_____.
3. Respondent shall pay \$_____. Payment shall be made as follows:
 - Monthly payments in the amount of \$_____ shall commence on _____.
 - Other:_____.
4. FINDING OF INABILITY TO PAY: Upon review of all financial declarations and the Court file(s), the Court finds Petitioner Respondent is/are unable to pay all part of the children’s attorney’s fees and costs.
5. \$_____ shall be paid by the Superior Court of California, County of Santa Clara.
6. Abstracts of Judgment/Earnings Withholding Orders shall issue.
 - If a party fails to make a full payment within 10 days of the due date ordered by the court, the entire balance will immediately become due with interest accruing at the legal rate from the date of default.
7. Failure to pay fees to the appointed counsel may result in the attorney initiating legal action against them to collect the money.
8. Withdrawal of Counsel: Based upon the Children’s Attorney’s representation that the matter with respect to the minor children is complete, the Attorney’s appointment is hereby terminated.

Date: _____

Judicial Officer