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| ATTORNEY OR PARTY WITHOUT AN ATTORNEY: Name _____ TELEPHONE NUMBER: _____ Firm _____ Address: _____ e-mail _____ ATTORNEY FOR (Name): _____ | <p>ATTACHMENT FM-1067</p> <p><i>FOR COURT USE ONLY</i></p> |
| <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</p> 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 #: _____ |
| <p>APPLICATION AND ORDER FOR PAYMENT OF ATTORNEY FEES AND COSTS OF CHILDREN'S COUNSEL</p> | |
| APJ: _____ DEPARTMENT: _____ | |

I, _____, declare the following:

1. I am an attorney duly licensed to practice law within the State of California.
2. The last four digits of my tax ID number are: _____. My Phoenix vendor number is: _____.
3. I am the Child(ren)'s Counsel in the above-entitled action. I was appointed on _____, by the Santa Clara County Superior Court to represent the following child(ren) in this matter:
 _____.
4. I have timely filed the Declaration of Counsel for a Child Regarding Qualifications (JC Form #FL-322). I have reviewed Rule 9 of the Family Local Rules of Court as well as the requirements in FM-1055 (Order Appointing Minor's Counsel) and am making this request in compliance with the rules and guidelines therein. I have served this application, a blank response, and a blank Income and Expense Declaration on the parties and their attorneys, if applicable.
5. I, and/or my staff, have completed _____ hours of work on this matter between the dates _____ of and _____.
6. 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): _____

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7. 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):

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| PETITIONER: | CASE NUMBER: |
| RESPONDENT: | APPLICATION #: |

Having reviewed the request of the Children’s Counsel and any responses by the parties, the court issues the following findings and orders:

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.

1. Children’s Counsel, _____, will be paid \$_____ in current fees and \$_____ in costs for the period from _____ to _____.
2. Petitioner is ordered to pay \$_____. Payment will be made as follows:
 - Late payments will accrue interest at the legal rate.
 - Monthly payments in the amount of \$_____ will commence on _____.
 - If a monthly payment is late, the entire balance will be immediately due and interest will accrue at the legal rate.
 - Other: _____.
3. Respondent is ordered to pay \$_____. Payment will be made as follows:
 - Late payments will accrue interest at the legal rate.
 - Monthly payments in the amount of \$_____ will commence on _____.
 - If a monthly payment is late, the entire balance will be immediately due and interest will accrue at the legal rate.
 - Other: _____.
4. \$_____ will be paid by the Superior Court of California, County of Santa Clara.

Date: _____

Judge/Commissioner of the Superior Court