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| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address): TELEPHONE NUMBER: _____ FAX NUMBER (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ | FOR COURT USE ONLY |
| <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</p> COURT ADDRESS: 201 North First St., San José, CA MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, California 95113 BRANCH NAME: Family Justice Center | |
| CHILDREN'S NAMES: _____ | |
| <p>ORDER ON ASSESSMENT AND REPAYMENT OF ATTORNEY FEES</p> <input type="checkbox"/> Initial Hearing <input type="checkbox"/> Annual Review <input type="checkbox"/> Reconsideration Hearing <input type="checkbox"/> Final Assessment <input type="checkbox"/> Disputed Fees Hearing <input type="checkbox"/> Ex Parte | CASE NUMBER: _____ RELATED CASES: _____ |

1. Repayment of Attorney Fees Assessed

- Assessed Amount for minor's attorney fees \$_____.
- Assessed Amount for responsible parties' attorney fees \$_____.
- The responsible party _____ has failed to appear. Full payment of the assessed fees is ordered due forthwith or as previously ordered.
- a. The Court orders (name): _____ to repay to the Court the cost of legal services rendered in this case in the amount of \$_____. Full payment is due on (date): _____, at the Family Justice Center, 201 North First Street, San José, or by mail with a copy of this order enclosed to 191 North First Street, San José, CA 95113.

Responsible party agrees to repayment of attorney fees assessed.

I, the undersigned responsible party, having appeared at the financial evaluation hearing, agree to repay the Court the cost of legal services in the amount of \$_____. I may petition the Court to modify or vacate its attorney fees orders based on a change in circumstances relating to my ability to pay the judgment.

I understand that this Court order shall have the same force and effect as a judgment in a civil action and shall be subject to enforcement against my property in the same manner as any other money judgment.

Date: _____

_____ Responsible Party's Signature upon Agreement to Pay

- b. Responsible Party, disputes the amount of fees this assessment of his/her ability to pay and has requested a review of the fees assessed.

A REVIEW HEARING ON THE FEES AND/OR ASSESSMENT OF ABILITY TO PAY SHALL BE SET AS

HEARING DATE →

Date of Review Hearing on Reconsideration of Attorney Fees Assessed: _____

Time: _____ Judge/Department: _____

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|--------------------|----------------|
| CHILDREN'S NAMES: | CASE NUMBER: |
| RESPONSIBLE PARTY: | RELATED CASES: |

2. No Repayment of Attorney Fees Ordered

The Court finds that *(name):* _____, a person responsible for the support of the children named above, is unable to repay the cost of legal services rendered in the cases above directly to him or her or o the children named above. Notwithstanding any determination of ability to repay the cost of legal services, the Court does not order *(name):* _____, a person responsible for the support of the children named above, to repay the costs for the following reason(s):

- a. The repayment will pose a barrier to reunification because it will limit the party's ability to comply with the requirements of his or her reunification plan; or
- b. The repayment will cause a financial hardship or repayment would be unjust under the circumstances of the case.

3. THIS ORDER IS BASED ON: (Check all that apply.)

- a. *The Court's review of the Financial Declaration and the responsible party's agreement to repay costs of legal services.*
- b. *The Court's review of the Financial Declaration after a hearing where the responsible party has appeared and has disputed his or her ability to repay the costs and has requested a hearing.*
- c. *The Court's review of the Financial Declaration and evidence presented at the financial hearing.*
- d. *The Court's review of the Financial Declaration after the responsible party has been properly noticed and has failed to appear at the financial hearing.*
- e. *Review of the Financial Declaration and determination of inability to repay costs of legal services.*

Date: _____

_____ Judicial Officer of the Superior Court Deputy Clerk

CLERK'S CERTIFICATE OF SERVICE

I certify that I am not involved in this case. This Order on Assessment and Repayment of Attorney Fees was served on the responsible party by personal service mail. Counsel for the responsible party was served by personal service mail pony mail at the street address listed above.

Date: _____

Clerk, by _____, Deputy