

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name and Address):	TELEPHONE NUMBER:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER:		
RESPONDENT:		CASE NUMBER: FCS NUMBER:
CLAIMANT:		
<input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S RESPONSE TO CHILD(REN)'S COUNSEL'S APPLICATION FOR PAYMENT OF ATTORNEY FEES AND COSTS		APJ: DEPARTMENT:

1. I, _____, declare the following:
- I am the attorney for the Father/Mother of the minor child(ren) in this case.
 - I am the Father/Mother of the minor child(ren) in this case. I am self-represented.
 - A new Income and Expense Declaration is attached.
 - I am attaching a copy of the Income and Expense Declaration I have filed previously because I declare that the information in it has not changed.

REQUEST FOR ALLOCATION OF FEES FOR CHILD(REN)'S COUNSEL

2. I propose the following allocation of payment:
 Father to pay _____% and Mother to pay _____% of the ordered fees and costs. My reasons for proposing that allocation are the following:

3. I ask that the Court pay my part of the fees and costs for the following reason(s):

4. I request monthly payments, I believe I can pay \$_____ per month.

I declare under penalty of perjury under the laws of California that the foregoing is true and correct.

Date:

Signature

PETITIONER:	CASE NUMBER:
RESPONDENT:	

NOTICE TO PARTIES

YOU MUST SUBMIT THIS FORM AND A CURRENT INCOME AND EXPENSE DECLARATION, JUDICIAL COUNCIL FORM FL-150 (OR A PREVIOUSLY-FILED INCOME AND EXPENSE DECLARATION IF YOU DECLARE THAT THE INFORMATION HAS NOT CHANGED) TO THE

- Clerk in Department _____ * 170 Park Avenue, San Jose, CA 95113
- Clerk in Department _____ * 605 West El Camino Real, Sunnyvale, CA 94087
- Clerk in Department _____ 301 Diana Avenue, Morgan Hill, CA 95037

THE CLERK MUST RECEIVE THE APPLICATION WITHIN 21 CALENDAR DAYS OF THE DATE ON THE APPLICATION FOR FEES. DO NOT ADD AN ADDITIONAL FIVE DAYS FOR SERVICE BY MAIL. (*OR mail to Santa Clara County Superior Court, 191 North First St., San Jose, CA 95113).

FAILURE TO SUBMIT A RESPONSE MAY RESULT IN AN ORDER DIRECTING YOU TO PAY UP TO 100% OF THE FEES AND COSTS REQUESTED.

You must also mail or give a copy of this Response and the Income and Expense Declaration to the other party or his/her attorney, and file the attached Proof of Service with the Court.