SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO □ CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 □ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 □ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 □ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910 PETITIONER(S) THIRD PARTY	FOR COURT USE ONLY
PERSONAL INFORMATION SHEET RE: ORDER TO REIMBURSE THE COURT MINOR'S COUNSEL FEES (CONFIDENTIAL)	CASE NUMBER

You were ordered to reimburse the San Diego Superior Court for the fees and costs paid by the court to the attorney for your minor child[ren]. You were notified that payment dates would be set and separate statements indicating both the amount and date due would be mailed to you. The following information is required for purposes of billing and will be kept confidential. Please print and provide current information. It is your responsibility to inform the court of any changes to your mailing address.

	Pe	etitioner 🗌 Respo	ndent _ Third Party	
Last Name:		First Nan	ne:	M.I.:
Mailing Address:				
City:		State:	Zip Code:	
Telephone Number:	()		(home)	
	()		(work)	
	()		(cell)	
Driver's License Number:		S	State:	
Date of Birth:				
Social Security Numb	er:	<u> </u>		
Date:				Signature
		NOTI	CE	Oignature
costs paid on a party currently 10% per ye costs paid on a party on overdue amounts	y's behalf must pay ear. Failure to pay y's behalf may res s. The information	y interest on amount court-ordered attorr ult in a legal action provided, including	is more than 30 days pas ney's fees and costs or re being initiated to collect	the court for attorney's fees and at due at the legal rate, which is simburse the court for fees and overdue payments and interest mber, may be used as an aid in as.

SDSC ADM-243 (New 5/09)