

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER(S) _____	
RESPONDENT(S) _____	
THIRD PARTY _____	
DECLARATION AND ORDER FOR PAYMENT OF ATTORNEY FEES AND COSTS OF MINOR'S COUNSEL	CASE NUMBER _____

I, _____, declare:
 (Attorney Name)

1. I am an attorney duly licensed to practice law within the State of California, practicing in the County of San Diego. The last four digits of my tax ID number are: _____. My Phoenix vendor number is: _____.
2. On _____, I was appointed by the San Diego Superior Court to represent _____ in the above-entitled action at the rate of \$60.00 per hour.
3. I have timely filed the Declaration of Counsel for a Child Regarding Qualifications (JC Form #FL-322).
4. a. **As minor's counsel, I understand I must submit this declaration at every review hearing or no less than every 90 days if there is no pending review hearing. I further understand that failure to timely submit this declaration may result in any billings older than 180 days being forfeited. I further understand that the court shall be fully reimbursed before any payments are made on my direct billings to the parties.** Attached is a detailed billing showing the date, number of hours, and description of activity, as well as receipts and supporting documentation for any expenses/costs that I advanced in this case in accordance with the duties of minor's counsel set forth in the Order Appointing Counsel for Minors (SDSC Form #D-041).
- b. _____ has performed psychological evaluation(s) on _____ and/or provided expert testimony in this case. Attached is his/her invoice(s) for the(se) evaluations in the amount of \$ _____.
5. My representation in this case is complete. continuing.
6. For the period _____ to _____, I request payment by the San Diego Superior Court for the following:
 - a. Fees (number of hours x \$60/hour): \$ _____.
 - b. Costs: \$ _____.
 - c. **Total Fees and Costs:** \$ _____.
7. The total amount claimed in this case to date is \$ _____ which includes the amount of this claim.

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

Date: _____ Signature _____

CASE TITLE	CASE NUMBER
------------	-------------

ORDER

The court, upon reviewing the declaration above dated _____, and good cause appearing, orders that the San Diego Superior Court pay to minor's counsel _____ the sum of \$ _____; and to _____ the sum of \$ _____.

Minor's counsel forfeits the following amount of fees and costs for failure to timely file the Declaration and Order for Payment of Attorney Fees and Costs of Minor's Counsel (SDSC Form #D-137): \$ _____.

IT IS SO ORDERED.

Date: _____
_____ Judge/Commissioner of the Superior Court

For Office Use Only

Order to reimburse in effect dated _____.

Distribution: Orig. to file. cc: Minor's Counsel Admin. Services C-44 Petitioner Respondent Third Party

Date Entered in database. Initials Date Entered in fiscal system. Initials