

Attorney (Name, Address, Telephone Number) Attorney for (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA Civil & Family Law Courthouse 3055 Cleveland Avenue Santa Rosa, CA 95403 Telephone: (707) 521-6500	
Petitioner/Plaintiff: Respondent/Defendant: Other Parent/Claimant:	
DECLARATION AND ORDER FOR PAYMENT OF COURT-APPOINTED MINOR'S COUNSEL FEES	Case Number:

Date of Appointment: _____

Name of Minor: _____

Scope of Appointment: _____

Billing Period: _____

Invoice Total: _____

Payor: _____

An itemized billing statement must be attached according to Local Rule 9.14.I.

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

DATED: _____

Signature of:

The Court orders payment as requested.

The Court has modified the amount ordered to be paid. Modifications and reasons are ordered as follows:

Date: _____

JUDICIAL OFFICER