

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES**

Reserved for Clerk's File Stamp

COURTHOUSE ADDRESS:

PETITIONER / PLAINTIFF:

RESPONDENT / DEFENDANT:

**ORDER FOR REIMBURSEMENT OF MINOR'S COUNSEL FEES
(FAMILY LAW)**

CASE NUMBER:

In this matter, minor's counsel _____ submitted a bill in the amount of \$ _____ for the services performed between _____ and _____ in this case. The parties herein are responsible for repayment to the county of this cost. (DATE) (DATE)

Petitioner / Respondent is ordered to pay the sum of \$ _____ in full by _____.

Petitioner is ordered to pay the sum of \$ _____ at the rate of \$ _____ per month beginning _____ and continuing each month thereafter until paid in full.

Respondent is ordered to pay the sum of \$ _____ at the rate of \$ _____ per month beginning _____ and continuing each month thereafter until paid in full.

If you are unable to pay or if there is a change in circumstances, either party may file with the court a noticed motion to request a modification to the monthly payment ordered. The motion shall include a current Income and Expense Declaration.

Payment shall be made to Los Angeles Superior Court at the Courthouse Address listed above. To properly credit your account, please write the case number and the name of the party to be credited in the memo section of the check or on a separate attachment note.

Date: _____

Judicial Officer

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