

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>) TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER: _____	
APPLICATION AND ORDER FOR MINOR'S COUNSEL FEES OVER CAP	CASE NUMBER: _____

1. I (*Name*): _____ declare that I am the attorney appointed to represent the minor(s) in this action.
2. I have received (*Amount*): \$ _____ in attorney's fees to date. This amount is at or over the payment cap in the ~~Alameda County Bar Association's Civil Court Appointed Attorney Program~~ court's rules. A declaration describing my previous billings is attached.
3. In order to represent the minor(s) properly, ~~I should perform~~ the following additional services are needed (*specify*): _____
4. To perform these services, ~~the following~~ _____ hours of attorney time are required, at the hourly rate lump sum of \$ _____. (*Specify*): _____

Date: _____ _____
ATTORNEY FOR MINOR(S)

5. The request for attorney's fees over the cap is GRANTED; DENIED without prejudice to being resubmitted with a declaration describing previous billings in this matter more detailed explanation of services needed; or DENIED.

6. Additional fees ~~not to exceed \$ _____ to~~ in no more than the following amount shall be paid to the minor's counsel (*specify*): _____

Date: _____
(JUDICIAL OFFICER)