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| ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> )<br><br>TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____<br>E-MAIL ADDRESS ( <i>Optional</i> ): _____<br>ATTORNEY FOR ( <i>Name</i> ): _____ | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, ALAMEDA COUNTY</b><br><br>STREET ADDRESS: _____<br>MAILING ADDRESS: _____<br>CITY AND ZIP CODE: _____<br>BRANCH NAME: _____   |                           |
| PETITIONER/PLAINTIFF: _____<br>RESPONDENT/DEFENDANT: _____<br>OTHER: _____   |                           |
| <b>APPLICATION AND ORDER FOR MINOR'S COUNSEL FEES OVER CAP</b>   | 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 court's rules.  A declaration describing my previous billings is attached.
3. In order to represent the minor(s) properly, the following additional services are needed (*specify*): \_\_\_\_\_
4. To perform these services, \_\_\_\_\_ hours of attorney time are required, at the  hourly rate  lump sum of \$ \_\_\_\_\_.

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 in no more than the following amount shall be paid to the minor's counsel (*specify*): \_\_\_\_\_

Date: \_\_\_\_\_  
(JUDICIAL OFFICER)