

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 STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD(REN)'S NAME(S):	
RESPONSE TO RECOMMENDATION REGARDING ABILITY TO REPAY COST OF LEGAL SERVICES	CASE NUMBER:

I, (name): _____ am a person responsible for the support of the child(ren) named above.

1. I agree to repay the court for the cost of my legal services in the amount of \$ _____, as recommended by the financial evaluation officer on the accompanying *Recommendation Regarding Ability to Repay Cost of Legal Services*.
2. I agree to repay the court for the cost of legal services provided to the child(ren) in this case in the amount of \$ _____, as recommended by the financial evaluation officer on the attached *Recommendation Regarding Ability to Repay Cost of Legal Services* (form JV-133).
3. I promise to pay \$ _____ on the (1st, 2nd, etc.): _____ day of every month, beginning on (date): _____ until the agreed amount is paid in full.
 - a. I waive my right to a hearing on the recommendation and understand that the court will order me to pay the agreed amount under the terms above.
 - b. I understand that if I default on these payment terms, the entire balance will become immediately due and payable on demand.
4. I dispute the recommendation of the financial evaluation officer regarding my ability to pay, and I have requested a hearing before the court to review that recommendation.
 - a. I understand that a hearing has been scheduled on:

Hearing date: _____ Time: _____ Dept./Room: _____
 at the Court address above other (address): _____
 - b. I also understand that if I do not appear at this hearing and do not pay in full the assessed costs for legal services, the court may enter a judgment against me based on the financial evaluation officer's recommendation without further notice or order.
 - c. I understand that I am entitled to the following at the hearing:
 - The opportunity to be heard in person;
 - The opportunity to present witnesses and written evidence;
 - The opportunity to confront and cross-examine witnesses brought against me;
 - Disclosure of the evidence against me;
 - A written statement of the findings of the court; and
 - To be represented by a lawyer and, if I cannot afford a lawyer, to have a lawyer appointed to represent me.
5. I understand that at any time before I complete payment of the full amount ordered by the court, I may petition the court to change its judgment if a change in circumstances affects my ability to pay the judgment.

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

Date: _____ _____ (SIGNATURE OF RESPONSIBLE PERSON)