

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr/> 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):	
ORDER FOR REPAYMENT OF COST OF LEGAL SERVICES	CASE NUMBER:

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

1. The court orders the responsible person to repay to the court the cost of legal services rendered directly to him or her in this case in the amount of \$ _____
2. The court orders the responsible person to repay to the court the cost of legal services rendered to the child(ren) named above in this case in the amount of \$ _____
3. The court orders the responsible person to pay the court \$ _____ on the (1st, 2nd, etc.): _____ day of every month, beginning on (date): _____ until the amount is paid in full.
4. The court finds that the responsible person is **unable** to repay the cost of legal services rendered directly to him or her or to the child(ren) named above in the case above and is not ordered to repay these costs.
5. Notwithstanding any determination of his or her ability to pay, the court does not order the responsible person to repay that cost for the following reason:
 - a. He or she is receiving reunification services, and repayment will pose a barrier to reunification because it will limit his or her ability to comply with the requirements of the reunification plan or harm his or her ability to support the child(ren); or
 - b. Requiring repayment would be unjust under the circumstances of the case.

This order is based on (check all that apply):

6. The court's review of the financial evaluation officer's recommendation as set forth on *Recommendation Regarding Ability to Repay Cost of Legal Services*.
7. The court's review of the responsible person's agreement and waiver as set forth on *Response to Recommendation Regarding Ability to Repay Cost of Legal Services*.
8. The court's review of the evidence presented at a contested hearing held on (date): _____

Date: _____

JUDICIAL OFFICER