


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 in this action.
2. I have received \$ _____ 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 rules.
3. In order to represent the minor(s) properly, I should perform the following additional services (*specify*): _____
4. To perform these services, the following hours of attorney time are required (*specify*): _____

Date: _____  _____
 ATTORNEY FOR MINOR

5. The request for attorney's fees over the cap is ☐ GRANTED ☐ DENIED.

6. ☐ Additional fees not to exceed \$ _____ to be paid to the minor's counsel.

Date: _____
 (JUDICIAL OFFICER)