

SUPERIOR COURT OF CALIFORNIA, COUNTY OF CALAVERAS

400 Government Center Drive, San Andreas, CA 95249

Telephone:(209) 754-9800; Web: www.calaveras.courts.ca.gov

Applicant: (Name and Mailing Address) Telephone No.	Clerk's File Stamp
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Petitioner (insert name) Vs Respondent (insert name)	Case No: Application Requesting to Modify Obligation to Pay Minor's Counsel Costs (Family Code – FAM § 3150)
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- I am unable to pay the fee as ordered by the court for the reasons set forth in the space below and I am requesting
- to pay the fee in installments. I can pay \$_____ per month.
 - an extension of time to pay the fee for _____ days.
 - a reduction in my obligation to \$_____ or as the court deems just.

Give a detailed explanation with attached documented proof to support your request. Additional pages may be attached.

I DECLARE UNDER PENALTY OF PERJURY THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.

Date: _____

Signature

ORDER OF THE COURT: IT IS HEREBY ORDERED the Application is:

- Denied.
- Set for hearing on _____ at _____ in Dept. 2 at Calaveras Superior Court.
- Other

- Granted as requested.
- Granted on the following conditions:

Date: _____

Judge of the Superior Court

Certificate of Mailing

I hereby certify that I deposited in United States Mail, at San Andreas, California, first class postage pre-paid, in a sealed envelope, on the date indicated below, a copy of the foregoing document to the party named and whose address is indicated above, using normal business practices.

Date: _____

M. Alemán

By: _____
Deputy Clerk