

ATTORNEY OR PARTY WITHOUT ATTORNEY	TELEPHONE NO.	FOR COURT USE ONLY
ATTORNEY FOR (NAME)		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		CASE NUMBER
RESPONDENT/DEFENDANT:		

REQUEST FOR HEARING ON ORDER FOR REIMBURSEMENT OF COURT APPOINTED ATTORNEY FEES

Party's Name: _____

Brief Explanation for Request: _____

A confidential hearing on this request will be held as follows:

a. Date:	Time:	Dept.
b. Address (if different than above):		

- I understand and acknowledge that an updated *Income and Expense Declaration* (form FL-150), along with any supporting financial information **MUST BE** filed at least 5 days prior to the hearing date listed above.
- If the Court has not received an updated *Income and Expense Declaration* (form FL-150) at least 5 days prior to the hearing date, the Court may use its discretion to take the matter off calendar.
- The hearing date listed above will be a confidential hearing. A copy of this request does not need to be served on any other party.

Signature of Attorney / Party in Pro Per

Date