

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
<p>TELEPHONE NO.: _____</p> <p>E-MAIL ADDRESS (<i>Optional</i>): _____</p> <p>ATTORNEY FOR (Name): _____</p>		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
CHILD(REN)'S NAME(S): _____		
RECOMMENDATION REGARDING ABILITY TO REPAY COST OF LEGAL SERVICES		CASE NUMBER: _____

On (date): _____, (name): _____, a person responsible for the support of the children named above, was ordered to report for an evaluation to determine his or her ability to reimburse the court's cost of legal services provided directly to him or her or to the children named above in this case.

The responsible person:

1. has been reunified with the children under a court order. Repayment would harm his or her ability to support the children. I do not, therefore, petition the court for an order of repayment.
2. did not appear as ordered or respond to the order. As required by law, I recommend and petition that the court order that person to repay the full cost of legal services, in the amount of \$ _____.
3. did appear as ordered. Based on an interview concerning his or her financial condition and an analysis of his or her financial declaration and supporting documentation, I find that the responsible person (*check all that apply*):
 - a. **is unable** to repay the costs of the legal services in this case.
 - b. **is able** to repay the cost of legal services provided directly to him or her in the amount of \$ _____.
 - c. **is able** to repay the cost of legal services provided to the child(ren) named above in the amount of \$ _____ and
 - (1) has agreed to repayment on the terms set forth on the accompanying *Response to Recommendation Regarding Ability to Repay Cost of Legal Services*. I petition the court to order repayment on these terms.
 - (2) disputes this assessment of his or her ability to repay the assessed costs and has requested a hearing.

A hearing is scheduled:

Date: _____ Time: _____ Dept./Room: _____

at Court address above other (*specify address*): _____

The responsible person is ordered to appear at the above time and place without further notice.

Date:

(NAME OF FINANCIAL EVALUATION OFFICER)

(SIGNATURE OF FINANCIAL EVALUATION OFFICER)

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