



**ORDER**

The Court, having read and considered the request by party to review ability to pay determination hereby makes the following order:

- The Court grants your request for a hearing on your ability to pay determination. Please **appear at your court hearing** on the date below. You may bring information about your financial situation to the hearing.

<b>Hearing Date</b>	Date: _____
	Time: _____

- The Court has reviewed your written statement and additional supporting facts. The court confirms the prior Findings and Order on Minor’s Counsel Fees and Ability to Pay ordered on \_\_\_\_\_. **No changes** have been made to your order and it remains in effect.
- The Court has reviewed your written statement and additional supporting facts. The court **will amend** the prior Findings and Order on Minor’s Counsel Fees and Ability to Pay within thirty (30) days and mail it to the address on file.
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SO ORDERED.**

DATE: \_\_\_\_\_

\_\_\_\_\_

JUDICIAL OFFICER  
SUPERIOR COURT OF CALIFORNIA