

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	CASE NUMBER:
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**REQUEST FOR ATTORNEY'S FEES AND COSTS ATTACHMENT**

1. I am completing this form because:
  - a. I need to have enough money for attorney's fees and costs to present my case adequately;
    - I am receiving free legal services from an attorney at a nonprofit legal services agency or a volunteer attorney.
  - b. I have less money or limited access to funds to retain or maintain an attorney compared to the party that I am requesting pay for my attorney's fees and costs; and
  - c. the party that I want the court to order to pay for my attorney's fees and costs has or is reasonably likely to have the ability to pay for attorney's fees and costs for me and himself or herself.
  
2. I am asking the court to order that *(check all that apply)*:
  - petitioner/plaintiff     respondent/defendant
  - other party *(specify)*: \_\_\_\_\_ pay for my attorney's fees and costs in this legal proceeding as follows:
    - a.  Fees: \$ \_\_\_\_\_
    - b.  Costs: \$ \_\_\_\_\_
  
3. The requested amount includes *(check all that apply)*:
  - a.  a fee in the amount of: \$ \_\_\_\_\_ to hire an attorney in a timely manner before the proceedings in the matter go forward.
  - b.  attorney's fees and costs incurred from the beginning of representation until now in the amount of: \$ \_\_\_\_\_
  - c.  estimated attorney's fees and costs in the amount of: \$ \_\_\_\_\_
  - d.  attorney's fees and costs for limited scope representation in the amount of: \$ \_\_\_\_\_
  
4. Have attorney's fees and costs been ordered in this case before?
  - a.  No.
  - b.  Yes. If so, describe the order:
    - (1) The  petitioner/plaintiff     respondent/defendant     other party    must pay: \$ \_\_\_\_\_ for attorney's fees and costs.
      - (a) This order was made on *(date)*: \_\_\_\_\_
      - (b) From the payment sources of *(if known)*: \_\_\_\_\_
    - (c) The payments  have been made     have not been made     have been made in part since the date of the order.
    - (2)  Additional information *(specify)*: \_\_\_\_\_
  
5. Along with this *Request* form, you must complete, file and serve:
  - a. A current *Income and Expense Declaration* (form FL-150). It is considered current if you have completed form FL-150 within the past three months and no facts have changed since the time of completion; and

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5. b. A personal declaration in support of your request for attorney's fees and costs that explains why you need an award of attorney's fees and costs (either *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a comparable declaration that addresses the factors covered in form FL-158).
6. The party requesting attorney's fees and costs must provide the court with sufficient information about the following factors:
  - a. The attorney's hourly billing rate;
  - b. The nature of the litigation, its difficulty, and the skill required and employed in handling the litigation;
  - c. Fees and costs incurred until now; anticipated attorney's fees and costs; and why the fees and costs are just, necessary, and reasonable;
  - d. The attorney's experience in the particular type of work demanded; and
  - e. If it is a limited scope fee arrangement, the scope of representation.

**Notice to Responding Party**

7. To respond to this request, you must complete, file, and serve:
  - a. A *Responsive Declaration* (form FL-320);
  - b. A current *Income and Expense Declaration* (form FL-150). It is considered current if you have completed form FL-150 within the past three months and no facts have changes since the time of completion; and
  - c. A personal declaration explaining why the court should grant or deny the request for attorney's fees and costs (either *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a comparable declaration that addresses the factors covered in form FL-158).
8. Number of pages attached to this *Request* form: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

\_\_\_\_\_  
 (TYPE OR PRINT NAME)

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\_\_\_\_\_  
 (SIGNATURE)