SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO

☐ UKIAH BRANCH, 100 NORTH STATE STREET, UKIAH, CA 95482 ☐ TEN MILE BRANCH, 700 SOUTH FRANKLIN STREET, FORT BRAGG, CA 95437	*FOR COURT USE ONLY*
In the matter of; DOB: a child	
NOTICE and ORDER TO APPEAR **re: FINANCIAL EVALUATION** ☐ **Juvenile Dependency** ☐ **Juvenile Delinquency** (W&I Code § 903.45; Govt. Code § 27750 and 27755)	CASE NUMBER:
☐ Disposition ☐ 12 Month Review ☐ 1st Post-Permanency Hearing ☐ 3rd Post-Permanency Hearing ☐ 39.1B Writ	

TO: _____ **Address:** _____
Person Responsible for Child(ren) *Person Responsible for Child(ren) <Address, City, State, and Zip Code>*

NOTICE:

The court has appointed Counsel _____ to represent your minor child(ren).

The court has appointed Counsel _____ to represent you.

The court is required to make a determination of your ability to pay for all or a portion of the cost of providing legal assistance to you and/or to your minor child(ren). The amount that you are required to pay for attorney's fees will be based on your ability to pay. To assist in the determination of your ability to pay, it is required that you provide financial and related information to the court's financial officer.

If you disagree with the finding of the Financial Officer regarding your ability to pay for all or a portion of the cost of providing legal assistance to you and/or to your minor child(ren), you are entitled to a formal hearing before a judge of the Court. The Court will make a determination concerning the value of the services rendered and your ability to pay the cost of court appointed legal assistance. At that hearing you shall be entitled, but not limited, to the rights as stated in Government Code section 27755. If, after the conclusion of the hearing, the Court determines that you have the ability to pay for all or a portion of the cost of the legal services rendered, the Court may then order you to pay such costs.

IT IS SO ORDERED:

You, as a person liable for the costs of support and/or legal services in this action, are hereby ordered to report <u>within 30 days</u> to the Collections Department, County of Mendocino, 501 Low Gap Road, Room 1060, Ukiah, California, (707) 234-6850, and provide to the Financial Officer such information as is required of you, for the purpose of determining your ability to pay the costs of legal services rendered on your behalf and/or on the behalf of your minor child(ren).

WARNING: If you fail to appear as ordered, the Financial Officer, pursuant to Welfare & Institutions Code section 903.45, shall recommend to the court that you be ordered to pay all costs in full. An order for repayment of full costs will be entered against you and shall have the same force and effect as a judgment in a civil action and shall be subject to enforcement in the same manner as any other money judgment.

Date: _____

_____
Judge of the Superior Court

☐ cc: Collections on _____ by _____