

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO

IN RE THE MATTER OF

Dept. No.: _____

Case No.: _____

_____, a minor.

**AUTHORIZATION FOR FUNDS FOR
APPOINTMENT OF COURT APPOINTED FAMILY ENGAGEMENT SPECIALIST (CAFES)**

Pursuant to approved CAFES Referral Form, public funds are hereby authorized to be provided on application by attorney: _____, for the purpose of retaining a CAFES: _____ to assist their client _____, the _____ in this case, with their preparation in the above-captioned matter.

CAFES email and phone number: _____

Attorney was appointed by the Court

A 2% Administrative Processing Fee will be deducted.

If total fees are under \$250, attorney
signature

Date: _____

DEPENDENCY REPRESENTATION
PROGRAM MANAGER *signature*

Date: _____

I _____, the attorney in the above-entitled matter, have reviewed the attached bill and certify that all work performed in this case as described therein was performed at my direction and authorized by the court.

Attorney Name: _____

Address: _____

Phone Number: _____

Date: _____ Signature: _____