

APPLICATION FOR PAYMENT OF RESPONDENT ATTORNEY FEES – under the CHILDREN’S CODE

[Please print or type information]

[Form No. NCA-JQ-2]

PAYEE: _____ VENDOR NO. _____
 Last Name, First Name, Middle Initial (separate by commas)

ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ TAX ID NO. _____

CLIENT NAME: _____ CASE NUMBER: _____

Mother; Father; Other (please describe) _____

JUDICIAL DISTRICT: _____ COUNTY: _____

APPOINTMENT ORDER ATTACHED
 Date of APPOINTMENT ORDER _____

I respectfully submit application for payment of fees as the court-appointed Respondent’s Attorney as provided by the Children's Code, §32A-4-10(B) or §32A-3B-8(B) NMSA 1978. I understand that this application will not be processed for payment if it has not been received by the Administrative Office of the Courts, Court-Appointed Attorney Office, within 30 days of **completion** of the event/hearing and that payment is contingent upon the availability of funds.

Type of Hearing (Check one)	Date of Hearing (If hearing continued put all dates)	Hours Worked (In & out of court)	Total Fee (Hours X \$50.00)	Maximum Fee (Not to exceed)
<input type="checkbox"/> Custody				\$200.00
<input type="checkbox"/> Adjudication/Disposition				\$600.00
<input type="checkbox"/> Judicial Review				\$100.00
<input type="checkbox"/> Permanency Hearing				\$150.00
<input type="checkbox"/> TPR				\$600.00
<input type="checkbox"/> Other (please describe and attach court order; hourly rate not to exceed \$50.00 per hour)				
<input type="checkbox"/> Expense (please describe and attach court order; must fall within approved AOC guidelines)		Describe here:		

AMOUNT REQUESTED [\$ _____] (exclusive of mileage/expenses)
GROSS RECEIPTS TAX [\$ _____]
REIMBURSABLE EXPENSES [\$ _____]
TOTAL AMOUNT DUE [\$ _____]

I understand that by submitting this application I certify that I am able to comply with the professional and ethical obligations established under the New Mexico Rules of Professional Conduct, Rules 16-100 through 16-805 NMRA (2008). I also affirm that the information provided herein is full and correct under penalty of perjury and, therefore, request payment.

Attorney Signature

Date:

Administrative Office of the Courts

Date:

Submit Invoice to:
Court-Appointed Attorney Office
237 Don Gaspar Ave., Rm 25
Santa Fe, NM 87501