

APPLICATION FOR PAYMENT OF GUARDIAN AD LITEM/YOUTH ATTORNEY FEES – under the CHILDREN’S CODE; CHILDREN’S MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES ACT

[Please print or type information]

[Form No. NCA-SQ-6A]

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: \_\_\_\_\_

JUDICIAL DISTRICT: \_\_\_\_\_ COUNTY: \_\_\_\_\_

APPOINTMENT ORDER ATTACHED  GAL  YA

I respectfully submit application for payment of court-appointed attorney fees as provided by the Children’s Mental Health and Developmental Disabilities Act, §32A-6A-13 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"/> Commitment (Involuntary)				\$150.00
<input type="checkbox"/> Extended Commitment (MH)				\$150.00
<input type="checkbox"/> Appointment of Treatment Guardian				\$150.00
<input type="checkbox"/> Commitment (Voluntary)				\$75.00
<input type="checkbox"/> Review Hearing				\$100.00
<input type="checkbox"/> Other (please describe and attach court order approving)				

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AMOUNT REQUESTED [\$\_\_\_\_\_]

GROSS RECEIPTS TAX [\$\_\_\_\_\_]

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