

APPLICATION FOR PAYMENT OF GUARDIAN AD LITEM FEES - under Article 5 of the UNIFORM PROBATE CODE- GUARDIANS OF INCAPACITATED PERSONS (Adult only)
 [Please print or type information] [Form No. NCA-PB-45]

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

I respectfully submit application for payment of attorney fees for an incapacitated person pursuant to the Article 5 of the Uniform Probate Code, §45-5-303(C) 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"/> Appointment of Guardian for Incapacitated Person				\$250.00

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