

# FAMILY COURT

## REQUEST FOR PAYMENT FOR INDIGENT DEFENSE SERVICES

*All information must be typed.*

Attorney ID Number: _____	Attorney Name: _____
Case Name: _____	Client Name: _____
Case Number: _____	Appointment Date: _____
Petition Number(s): _____	Disposition Date: _____
	Disposition Judge: _____

PAYMENT TO BE MADE TO ME. <input type="checkbox"/>	PAYMENT TO BE MADE TO MY FIRM. <input type="checkbox"/>
Social Security Number: _____	Federal ID Number: _____
Address: _____	Name/Address: _____
Telephone No: _____	Telephone No: _____

**CHECK TYPE OF REPRESENTATION:**

<input type="checkbox"/> 901- Wayward/Delinquency (\$30/hr, up to \$1000)	<input type="checkbox"/> 901- Arraignments (\$30/hr, up to \$100 for multiple arraignments.)
<input type="checkbox"/> 906- Adult Criminal/Jury Trials (\$35/hr, up to \$2,500)	<input type="checkbox"/> 902- GAL (\$30/hr) <span style="margin-left: 100px;"><input type="checkbox"/> 905- TPR (\$30/hr, up to \$1500)</span>
<input type="checkbox"/> 903- Dependency/Neglect/Abuse (\$30/hr, up to \$1000)	<input type="checkbox"/> 904- Reviews (\$60 flat fee) <span style="margin-left: 100px;"><input type="checkbox"/> 908- Child/Spousal Support(\$30/hr, up to \$1000)</span>
<input type="checkbox"/> 909- Other: _____	

*Hours must be rounded to nearest 1/10. Time over one hour must be specified (e.g. 9:15-10:30 a.m.). A summary of in and out of court time must be provided. In-court time must include the type of hearing (e.g. trial). Attach additional forms if necessary.*

**Compensation for time exceeding the above thresholds must be approved in advance by the Chief Judge.**

DATE (court dates first)	HOURS	EXPLANATION (give detail for out of court time and type of court hearing)
<b>TOTAL HOURS =</b>		

*Expenses—Cost for service of process and transcripts will be reimbursed. Indicate date, type of expense, and amount.*

\_\_\_\_\_

\_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**BILL SUMMARY:**    Total Hours \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_ + \_\_\_\_\_ = \$ \_\_\_\_\_

Rate Expenses Total Bill

**CERTIFICATION:** *I certify that I have provided the services and incurred the costs described and that I have not, nor will I, accept any other payment for these services or expenses.*

Signature: _____	Date: _____
Approved by: _____	Date: _____

**\*Attorneys are responsible for providing two signed copies of this form- one for the court file and one for the Supreme Court.**