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. [ ]
Social Security Number: _____
Address:_____
_____
Telephone No:_____

PAYMENT TO BE MADE TO MY FIRM. [ ]
Federal ID Number: _____
Name/Address:_____
_____
Telephone No:_____

CHECK TYPE OF REPRESENTATION:

[ ] 901- Wayward/Delinquency ($30/hr, up to $1000)
[ ] 902- GAL/Child ($30/hr)
[ ] 910- GAL/Adult ($30/hr)
[ ] 903- Dependency/Neglect/Abuse ($30/hr, up to $1000)
[ ] 904- Review ($60 flat fee)
[ ] 905- TPR ($30/hr, up to $1500)
[ ] 906- Adult Criminal ($35/hr, up to $2,500)
[ ] 907- Waiver/Jury Trial ($35/hr, up to $2,500)
[ ] 908- Child/Spousal Support ($30/hr)
[ ] 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). Reviews are compensated at a flat fee of $60. Arraignments are compensated at $30 per hour up t0 $100 for multiple arraignments. 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)
TOTAL HOURS =		

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**

TOTAL BILLED FOR THIS CASE TO DATE (INCLUDING THE CURRENT REQUEST FOR PAYMENT): $_____
THIS IS THE FINAL BILL: [ ] YES [ ] NO

CERTIFICATION: *I do 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. 4/05