

**APPLICATION FOR PAYMENT OF GUARDIAN AD LITEM FEES under the CHILDREN'S CODE**

Invoice Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

[Please print or type information]

[Form No. NCA-JQ-1]

PAYEE: \_\_\_\_\_ VENDOR NO. \_\_\_\_\_

Last Name, First Name, Middle Initial (separate by commas)

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TAX ID NO. \_\_\_\_\_

CLIENT NAME(S): \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

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

APPOINTMENT ORDER ATTACHED

Guardian ad Litem for Adult Respondent

Date of APPOINTMENT ORDER \_\_\_\_\_

I respectfully submit application for payment of fees as the court-appointed Guardian ad Litem and/or Youth Attorney as provided by the Children's Code, §32A-4-10(C), §32A-3B-8(C) and §32A-5-16(F) 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.

<b>Type of Hearing</b> (Check one)	<b>Date of Hearing</b> (If hearing continued put all dates)	<b>Hours Worked</b> (In & out-of-court)	<b>Total Fee</b> (Hours X \$40.00)	<b>Maximum Fee</b> (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/CONTESTED ADOPTION				\$600.00
<input type="checkbox"/> Other (please describe and attach court order; hourly rate not to exceed \$40.00 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