

APPLICATION FOR PAYMENT OF ATTORNEY FEES FOR REPRESENTATION UNDER THE ADULT PROTECTIVE SERVICES ACT Invoice Date: _____

[Please print or type information] Invoice #: _____ [Form No. NCA-PRO-1]

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

INDIGENCY FINDING ATTACHED

I respectfully submit application for payment of fees as the court-appointed attorney as provided by the Adult Protective Services Act, §27-7-27 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 \$40.00)	Maximum Fee (Not to exceed)
<input type="checkbox"/> Protective Services/ Placement				\$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