

## ATTORNEY FEE REQUEST FORM

(For all requests made on or after August 15, 2004)

**Instructions:** Every block should be filled in or checked as appropriate. Leaving blocks empty will delay the processing of your request for payment.

**Important Notice:** The agency is not authorized to pay requests where none of the services invoiced have been rendered within the previous twelve months.

### Case Information:

<b>Case Name:</b>		<b>Case #:</b>	
<b>Court:</b>		<b>Parish:</b>	<b>State of Louisiana</b>

### Appointee Information:

<b>Attorney Name:</b>		<b>LA. Bar Roll #:</b>	
<b>Firm/Legal Service Corp Name:</b>			
<b>Address:</b>			
<b>Telephone #:</b>		<b>Tax ID #:</b>	
<b>Effective Date of Appointment:</b>		<b>Pursuant to Children's Code Article:</b> (i.e. Article 607, 608, 643, 1016, 1023, 1042, 1136, or 1146)	

### Services Performed:

<b>Name of Party (or parties) on whose behalf services were performed:</b>	
<b>Type of Appointment and services: (Check one)</b>	<input type="checkbox"/> Curator <input type="checkbox"/> Counsel

### For Counsel Appointments:

**Relationship of the named party (or parties) to the proceedings:** \_\_\_\_\_  
(child(ren), mother, father, alleged father)

### Stages of Child Protection Proceedings for which the fees being requested were provided:

(Please check each applicable stage. At least one stage must be completed before requesting fees.)

- Continued Custody Hearing Only (Appointment was limited to this hearing only)
- CINC proceedings where petition is not filed or is withdrawn prior to adjudication
- Adjudication where petition is denied
- CINC proceedings prior to disposition where an attorney appointed to act as counsel is permitted by the court to withdraw upon a finding of extenuating circumstances
- All CINC proceedings through disposition
- A six month review period subsequent to judgment of disposition
- TPR proceedings
- A one year review period subsequent to termination or surrender of parental rights during which the child(ren) have not been permanently placed.

### Request for Payment:

**For this appointment, this is the:**  Initial or  Supplemental request for payment.

**If this is a supplemental request for payment, please provide the following information:**

The amount previously billed is: \$ \_\_\_\_\_

Total payment(s) received to date is: \$ \_\_\_\_\_

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### Fees and Expenses:

Rates of compensation and the limit on curatorship expenses are per Louisiana Supreme Court General Administrative Rule, Part G, Section 9, Schedule of Fees for Child in Need of Care and Termination of Parental Rights Proceedings.

Fees:	Amount
Curatorship(s) for absent parent(s): \$100 per appointment	\$

### Counsel Services:

Compensable Hours X Hourly Rate	Activity	
_____ hours X <u>      \$75.00      </u>	In Court Legal Services Provided	\$
_____ hours X <u>      \$50.00      </u>	Out of Court Legal Services Provided	\$
<b>Total Fees Requested</b>		\$

**Expenses:** (Note: The Louisiana Supreme Court Rule limits curatorship expenses to \$100 per appointment)

**Itemization of expenses:** (Must include the date the expense was incurred and attach supporting documentation.)


***** Total Expenses Requested	\$
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***** Total Fees and Expenses Requested	\$
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### Attorney Certification

I certify under penalty of perjury under the laws of the United States of America and the State of Louisiana that:

- I meet the minimum qualifications for providing representation in child protection cases;
- The statements contained in this form and required attachments are true and correct;
- The services and expenses billed herein are reasonable and necessary and consistent with effective and efficient practice in child protection cases;
- If representation is as counsel on behalf of a parent, the parent is indigent in accordance with the law;
- I have received no compensation for the services and expenses described, nor will I be receiving or eligible to receive such compensation from any other source;
- I have attached an accurate detailed itemization of in-court and out-of-court hours and appropriate documentation of all expenses.

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Date Signed

### Judicial Certification

Based upon the attorney's certifications, upon the information contained within this form and the supporting documentation, and, upon the Court's knowledge of these proceedings, this Court has determined that:

- The number of hours billed and expenses charged appear reasonable and necessary;
- The attorney is authorized to request fees (a) as a curator for an absentee parent (pursuant to Children's Code Article 643-644, 1023-1024, or 1136) OR (b) as a member of the subset of attorneys designated by this Court to receive compensation from the state pursuant to La. R.S. 46:460.21 for counsel representation on behalf of children (pursuant to Children's Code Article 607, 1016, 1042 or 1146) or indigent parents (pursuant to Children's Code Article 608 or 1016); and,
- The designation regarding the type of services being provided (i.e. curator or counsel) is accurately stated.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the city of \_\_\_\_\_, Louisiana

\_\_\_\_\_  
Signature (Presiding Judge)

\_\_\_\_\_  
Printed or Typed Name of Judge

\_\_\_\_\_  
Court

(Above Space Reserved for True Copy Stamp)