

-APPLICATION FOR PAYMENT OF APPOINTED ATTORNEY -

[Please print or type information] Invoice Date: _____
Invoice #: _____

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: _____

ORDER OF APPOINTMENT MUST BE ATTACHED

I respectfully submit this application for the payment of Attorney fees pursuant to the appointment of the court to assist the identified client, pursuant to the §40-4-8, in the above listed matter. 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 **case completion** 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 \$100.00)	Maximum Fee (Not to exceed)
<input type="checkbox"/> Adoption of GAL Report				\$1,600.00
<input type="checkbox"/> Other (describe and attach court order)				

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

Date:

Courts Submit Invoice

electronically to:

Court-Appointed Attorney Office
aoccaaff@nmcourts.gov