-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 §45-5-303(C), 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)
[ ] GAL for incapacitated person				$1,400.00
[ ] 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

Revised 3/24
Sub account code 5355000095