

-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 New Mexico Kinship Guardianship Act §40-10B-9, 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"/> Appointment of Guardian				\$1,800.00
<input type="checkbox"/> Revocation of Guardianship				\$1,800.00
<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