

-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 §40-11A-641(A)/ §40-11A-612/ §40-11A-608(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.

<b>Type of Hearing</b> (Check one)	<b>Date of Hearing</b> (If hearing continued put all dates)	<b>Hours Worked</b> (In & out of court)	<b>Total Fee</b> (Hours X \$100.00)	<b>Maximum Fee</b> (Not to exceed)
<input type="checkbox"/> Adjudication of Paternity (Respondent Attorney)				\$700.00
<input type="checkbox"/> Adjudication of Paternity (GAL)				\$400.00
<input type="checkbox"/> Denial of Genetic Testing				\$400.00
<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 Courts

\_\_\_\_\_  
 Date:

Submit Invoice electronically to:

Court-Appointed Attorney Office  
 aoccaaff@nmcourts.gov