

-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 NMRA Rule 1-017, 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"/> GAL for infant or incompetent person				\$1,400.00
<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