

JUVENILE CONTRACT
Attorney Payment Request

Case Number: _____

Judge: _____

Defendant/Client(s): _____

Date of Appointment: _____

Previous Attorney (if Applicable) _____

PROVIDE FULL NAME OF MINORS AND D.O.B.

Name: _____

Attorney Guardian ad litem

Address: _____

For: Mother Father Minor(s)

City: _____ State _____ Zip: _____

Other _____

Phone _____ Fax _____

Pima Attorney No: _____

TYPE OF CASE

Delinquency Dependency Continued Representation covering _____ year of case (e.g. 2nd, 3rd)

Transfer Severance Severance Trial Mental Health In-Home Intervention

Other _____

DELINQUENCY

_____ Base Fee of \$400

_____ Hours in excess of 10 @ \$50/hr

_____ \$50 for Probation Review Hrg. (PRH)

_____ Hours of court time in excess of 2 for a PRH

DEPENDENCY / SEVERANCE

_____ Base Fee of \$1000

_____ Hours in excess of 25 @ \$50/hr.

_____ \$50 for Initial Sev Hrg. (ISH)

_____ \$50 for hearing on Motion to Terminate Parent/Child Relationship ("TPCR")

TRANSFER

_____ Base Fee of \$500

_____ Hours in excess of 12 @ \$50/hr.

_____ Hrs of court time in excess of 2 hrs for an ISH or TPCR @ \$50/hr.

CONTINUED COMPENSATION (attach affidavit of all hours and court order if applicable):

_____ Annual base fee of \$240 _____ Hrs. of non first year services in excess of 6 hrs. @ \$50/hr.

OTHER REP (specify): _____ hrs. @ \$50/hr. (not to exceed \$500/\$2000 w/out court order or prior approval) = \$ _____ of OCAC. Attach affidavit of all hours and order/approval if applicable)

Spanish Speaking only @ \$100

EXPENSES (Attach approval and notarized affidavit for all expenses that do not have a receipt.)

TOTAL FEES \$ _____

TOTAL EXPENSES \$ _____

TOTAL FEES AND COSTS: \$ _____

The statements in the above schedule are true. No compensation for the services described has been received. An accurate itemization of the time and expenses is attached.

Attorney signature

Date

For OCAC use only (Revised 03/28/11)

Approved: _____ Date: _____