

JUVENILE CONTRACT

Attorney Payment Request

Case Number: _____

Judge: _____

Defendant/Client(s) **& D.O.B.:** _____

Date of Appointment: _____

Previous Attorney (if Applicable): _____

NON-ENGLISH SPEAKING Yes (\$70/hr) No (\$60/hr)

Attorney: _____

PROVIDE FULL NAME OF MINOR(S) & D.O.B.: _____

Phone: _____ Fax: _____

Email: _____

ATTORNEY or **GAL For:** Mother Father Minor(s) Guardian Victim Family Other _____

DAP

_____ Hours @ \$100 an hour for cases appointed 1/1/17-Present = \$_____ (Attach approval if over 5 hrs)

DELINQUENCY

_____ Hours @ \$60/\$70 an hour for cases appointed 1/1/17-Present = \$_____ (Attach approval if over 10 hrs)

_____ Hours worked on Petition to Revoke Probation @ \$60/\$70 an hour=\$_____ (Attach approval if over 4 hrs)

APPEAL or **SPECIAL ACTION** in JV _____ Hours @ \$60/\$70 an hour for cases appointed 1/1/17-Present = \$_____ (Attach approval if over \$600)

DEPENDENCY

_____ Hours @ \$60/\$70 an hour for cases appointed 1/1/17-Present = \$_____

APPEAL or **SPECIAL ACTION** in JD _____ Hours @ \$60/\$70 an hour for cases appointed 1/1/17-Present = \$_____ (Attach approval if over \$2,000)

SEVERANCE

_____ Hours @ \$60/\$70 an hour for cases appointed 1/1/17-Present = \$_____

APPEAL or **SPECIAL ACTION** in Severance _____ Hours @ \$60/\$70 an hour for cases appointed 1/1/17-Present = \$_____ (Attach approval if over \$2,000)

MISCELLANEOUS ASSIGNMENTS (specify): _____

_____ hours @ \$60/\$70 an hour =\$_____ (Attach approval if over \$600)

DOMESTIC RELATIONS **SPECIAL PATERNITY**

_____ Hours @ \$60/\$70 an hour= \$_____ (Attach approval if over 4 hrs)

Contested (litigated) custody, parenting time & child support hearings or trials may not be charged to the County.

EXPENSES

Travel beyond 50 mile radius (include signed OCAC approval) #of miles round-trip: _____ @\$0.445=\$_____ Destination Address: _____

Office Copies _____ @ \$0.10 each =\$_____ Other (specify): _____ @ _____ =\$_____

TOTAL FEES= \$_____ TOTAL EXPENSES=\$_____ **Total Fees & Expenses=\$_____**

The statements in the above schedule are true. All work has been performed by attorney unless otherwise indicated. 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 1/24/2016)

Approved: _____ Date: _____