

JUVENILE CONTRACT

Attorney Payment Request

Case Number: _____

Judge: _____

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

Date of Appointment: _____

Previous Attorney (if Applicable): _____

Spanish Speaking (SS) only? Yes No

Attorney: _____

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

Phone: _____ Fax: _____

Email: _____

CASE CYCLE (Month/Day): ___/___/___

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

DELINQUENCY

- Base Fee of \$400
- _____ Excess hours (over 10) @ \$50 an hour= \$_____ (Attach timeline)
- \$50 for Probation Review Hearing (PRH), Date(s): _____
- _____ Hours in excess of 2 for PRH, Date(s): _____
- Petition to Revoke Probation: _____ hours at \$50 an hour \$_____ (Attach appointment order & timeline)
- Transfer \$500

DEPENDENCY

- BRAND NEW CASE, 1st Year Base Fee of \$1000 Supplemental Reactivated
- _____ Excess hours (over 6 or 20/25) within _____ year @ \$50 or \$55 an hour *if Spanish Speaking only* = \$_____
- *Please attach a timeline documenting excess hours INCLUDING the description of initial 6 or 20/25 hours.**
- _____ Hours billed hourly within _____ year of case @ \$50 or \$55 an hour *if Spanish Speaking only* = \$_____
- Initial Severance Hearing (ISH), Date(s): _____ @ \$50 each= \$_____
- Motion to Terminate Parental Rights hearing (TPR), Date(s): _____ @ \$50 each= \$_____

SEVERANCE

- Severance Base Fee of \$500 or \$_____ (Base fee less previous funds paid for ISH or TPR)
- _____ Excess hours beginning on ___/___/___ (2nd day of Trial) @ \$50 or \$55 an hour *(if SS only)* = \$_____
- *Please attach a timeline documenting all severance case hours from date of appointment.**

APPEAL IN-HOME INTERVENTION MENTAL HEALTH SPECIAL ACTION OTHER (specify): _____
_____ hours @ _____ = \$_____ (Attach timeline)

OTHER REPRESENTATION (for the purpose of achieving a dismissal of a dependency action):

- Domestic Relations Special Paternity Custody Child Support Orders Parenting time Orders
- (Consolidated with JD) (Consolidated with JD) **Charges in excess of \$200 must include signed OCAC approval form.**
- _____ Hours @ \$50/\$55 (if Spanish Speaking only) an hour= \$_____ (Attach timeline)

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 Fess & Expenses= \$_____**

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 3/23/2015)

Approved: _____ Date: _____