

ATTORNEY'S FEE DECLARATION (Juvenile)

[For Work Performed 6/10/99 through 9/30/00]

County
Code

— —

Case Number

Jurisdiction Year Case# Suffix

IN THE JUVENILE COURT

Attorney Name (Please type or print)

OF _____ COUNTY

In the matter of juvenile case number above

_____ Social Security Number or FEIN

Appeal to the Court of:

- Alabama Court of Criminal Appeals
- Alabama Court of Civil Appeals
- Supreme Court of Alabama

Type of Case

- Delinquency
- Dependency
- In Need of Supervision
- Other (Describe) _____

The undersigned attorney declares that on (date) _____, the Honorable _____, Judge, appointed the undersigned to represent the child or parent/guardian, and on (date) _____ the case was disposed of by _____

(Adjudication of dependency, in need of supervision or delinquency, cert. denied, etc.)

The undersigned attorney further declares that he/she has provided services in the case as attorney or guardian ad litem and makes the following claims for such services:

(1) In-Court Appearance (Trial Level or Habeas Corps)	Total Hours _____ x	\$ 50.00 per hour =	_____
(2) Out-of-Court Preparation (Trial Level or Habeas Corps)	Total Hours _____ x	\$ 30.00 per hour =	_____
(3) Preparation (Appellate Level)	Total Hours _____ x	\$ 50.00 per hour =	_____
(4) Extraordinary Expenses (If approved in advance by court)			_____
(5) Overhead Expenses (If approved in advance by court)	Total Hours _____ x	\$ _____ per hour =	_____

TOTAL CLAIM OF ATTORNEY * _____

NOTICE TO ATTORNEY: Complete this form. Attach a copy of a complete itemization of (1) in-court appearances; (2) out-of-court preparation; (3) preparation for appeals; (4) extraordinary expenses; and (5) overhead expenses reflecting the date of actions and amount of time involved in each activity. Make a copy of same for the court's record and a copy for your records. * **Note: In juvenile cases, this fee shall not exceed \$2,000.**

The undersigned attorney further declares that the above claim is true and correct and represents the services actually rendered by him/her as an attorney and said amount is due and payable. I further declare that the above claim is not a duplication of charges and expenses in any case (companion or otherwise).

Signature of Attorney

Attorney Code

Mailing Address of Attorney
(please type or print) (including city, state, and zip code)

Sworn to and subscribed before me this _____ day of _____, _____

Telephone Number _____ Fax Number _____

Notary Public

I, the undersigned judge, hereby certify that the foregoing claim has been presented to me, and I have reviewed the same and believe the same to be true and correct. I am further of the opinion that said attorney is not duplicating said charges and expenses in any case (companion or otherwise).

Based on the above, I hereby approve the declaration and claim in the amount of \$ _____

Done this _____ day of _____, _____

Judge's Signature

NOTICE TO ATTORNEY AND JUDGE: Sections 15-12-21 through 15-12-23, Code of Alabama 1975, provide that fees and expenses of court appointed attorneys shall be paid by the State of Alabama.

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES OF THE ATTORNEY AND THE JUDGE. THIS FORM WITH ATTACHED ITEMIZATION MUST BE SUBMITTED TO THE TRIAL COURT JUDGE OR PRESIDING JUDGE OR CHIEF JUSTICE OF THE APPELLATE COURT FOR APPROVAL. AFTER APPROVAL, FILE WITH THE CLERK, WHO SHALL SUBMIT THE ORIGINAL DECLARATION TO THE STATE COMPTROLLER FOR AUDIT.

MAIL TO: State Comptroller, Indigent Defense Section, P. O. BOX 302602, Montgomery, Alabama 36130-2602

Filed in the Clerk's Office at _____ Alabama, on _____ date

Original: Comptroller

Yellow: Court File

Pink: Attorney