Request for Payment of Fees (Work Done on/after 1/1/2024)

For Counsel, Gal (Adult Representation Only), Child & Family Investigator, Court Visitor, Investigator

(Complete Sections I- VI, sign, date and submit to Court – See reverse side for Instructions)

**I.** Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for Repr. of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court: District County

Case Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Persons Represented: \_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointing Judge/Magistrate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Judge/Magistrate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Appointee Information: Complete or check all that apply:** Atty. Reg. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Check if new address**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The information in this box is confidential and NOT to be viewable in court case file**

SSN/Tax ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Time Appointees: **See instruction #4 on reverse**

(Per I.R.S. Reg. # 301.6109-1, the Social Security number of payee is mandatory for reporting on I.R.S. Form 1099.)

Appointment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Original appointee or Substitute appointee Case has has not gone to trial.

Originally flat fee contract appointment. Reason for hourly bill: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_ (date).

|  |  |
| --- | --- |
| **III. Appointment Type** (check one):   Counsel   Attorney GAL (Adult Representation Only)   Attorney - Child Family Inv. (CFI)   Non-Attorney - Child Family Inv. (CFI)   Investigator   Court Visitor | **IV. Appointment Authority** (check one):   Title 14 DOMESTIC REL. CHILD(REN)  **State pays for \_\_\_\_\_\_\_\_%**  ADVISORY COUNSEL   Title 15 PROBATE  CRCP 107 CONTEMPT   Title 19 D & N RESPONDENT PARENT  WITNESS (CJD 04-04)   Title 19 D & N SPECIAL RESPONDENT  13-90-208 WAIVER OF HEARING INTERP.  Title 19 PATERNITY/SUPPORT  Title 27 MENTAL HEALTH   Title 22 EDUCATION CODE (Truancy)   Title 25 DRUG/ALC. COMMIT.  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**V. Indigence**

 Responsible party(ies) determined to be indigent on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yy).

Indigence cannot be determined. Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## VI. Summary of billed activities occurring from (mm/dd/yy) to (mm/dd/yy)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | | Number of Hours | Current Hourly Rates Authorized | Total |
| Attorney in-court and out-of court hours | |  | $100.00 |  |
| Attorney Appellate hours | |  | $100.00 |  |
| Child and Family Investigator (CFI) | |  | $100.00 |  |
| Paralegal | |  | $42.00 |  |
| Investigator | |  | $55.00 |  |
| Court Visitor | |  | $40.00 |  |
| Total | | | | $ |
| Expenses | | | | |
| Mileage | Travel : \_\_\_\_\_\_\_(miles) x .60 | | |  |
| Copies | Number of copies: \_\_\_\_\_\_ x.25 | | |  |
| Miscellaneous | Postage $\_\_\_\_\_\_ Long Distance $\_\_\_\_\_\_ Other: (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ **(Attach itemized receipts if over $50.00)** | | |  |
| Total Request | | | | $ |

Total Amount Previously billed $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total of Requests Exceed Allowed Maximum for appointment. Motion and Order for

Excess Fees was granted and is attached.

The information provided in this request is true and accurate. No compensation for the services described has been received. A detailed itemization of the in-court and out-of-court hours is attached. I have reviewed “Court Appointee Procedures for Payment of Fees and Expenses” in Chief Justice Directive 04-04 or 04-05 and understand that payment may be adjusted for items that do not comply with the Department’s procedures. All court appointees and investigators must submit their JDF 207 (or invoice using CACS, as applicable) to the court **within six months** of the earliest date of billed activity. This form is for billing activities occurring on or after January 1, 2024. Visit <https://www.courts.state.co.us/Forms/Forms_List.cfm?Form_Type_ID=293> for JDF 207 prior to January 1, 2024.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Final Bill**

Signature of Appointee Date

**Court Personnel Only**

Request has been reviewed by district staff for accuracy and completeness, and payment is approved (with adjustments as indicated, if any).

Net Adjustment (+/-) $\_\_\_\_\_\_\_\_\_\_\_ Reason for adjustment (if not otherwise noted above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reimbursement was ordered and entered in CAC On-line System when Appointment was entered.

Court Staff Verified that appointment was created in CAC On-line System (to enable appointee to be paid)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of District Administrator, Judge/Magistrate or Designee Typed or Printed Name Date

**1. Hourly Rates**

Hourly rates are paid in accordance with the applicable Chief Justice Directive (i.e. 04-04, 04-05) or Chief Justice Order.

**2. Maximum Fees**

The maximum total fees authorized per appointment as established in Chief Justice Directive 04-05 are as follows:

Title 19 – Dependency and Neglect Matters Titles 14 and 15

Special Respondent Counsel $1,935 Counsel (probate only) $4,437

GAL (attorney) $4,437

CFI (attorney & non-attorney) $3,009

Title 19 – Other Matters (i.e. support, Court Visitor $ 779

adoption, paternity, etc.)

Paternity/Support counsel $1,546 Titles 22, 25 and 27

Counsel $1,156

GAL (attorney) for adult $1,156

Appeals

Counsel / GAL (attorney) for adult $4,437

For maximum total fees for counsel in criminal cases, refer to Attachment D (2) of Chief Justice Directive 04-04. If the total payment request for an appointment exceeds the maximum fee, a Motion for Fees in Excess must be submitted to the court and granted pursuant to Chief Justice Directives 04-04 and 04-05.

**3. Reimbursable Expenses**

Allowable expenses are detailed in Attachment E (Guidelines for Itemized Hourly Payment) of Chief Justice Directive 04-04 and 04-05. All items must be detailed, itemized, and legible. If a charge exceeds $50.00, a receipt must be attached. Chief Justice Directives are available at [**https://www.courts.state.co.us/Courts/Supreme\_Court/Directives/Index.cfm**](https://www.courts.state.co.us/Courts/Supreme_Court/Directives/Index.cfm)or contact the Financial Services Division of the State Court Administrator’s Office for copies.

**I.R.S. W-9 Form and “Authorization to Pay Law firm for Attorney Appointments” JDF 5 Form**

A completed W-9 form containing the appointee’s Tax Identification Number (Social Security Number or Federal Employer Tax Identification Number) must be on file with the State Court Administrator’s Office before payments will be processed. In addition, those appointees wishing to have payments made to a law firm instead of to the appointee personally must complete the “Authorization To Pay A Law Firm For Attorney Appointments” form. The W9 form is available at the following link:

[**https://www.courts.state.co.us/userfiles/file/Administration/Financial\_Services/W9.pdf**](https://www.courts.state.co.us/userfiles/file/Administration/Financial_Services/W9.pdf)**.** For a copy of the authorization to pay law firm form, please email [cacpayments@judicial.state.co.us](mailto:cacpayments@judicial.state.co.us).

**5. Instructions for Completion and Submission of JDF 207 Form**

Section VI shall be used to enter time and expenses. For the billing period, enter the number of hours spent for the corresponding “Description” (column 1) in the “Number of Hours” column (column 2). Multiply the “Number of Hours” by the “Current Hourly Rates Authorized” (column 3) to determine the “Total” (column 4). Enter mileage, copies and miscellaneous expenses as indicated.

Submit to the Court two completed copies, ***along with detailed itemizations of hours and expenses for the billing period***. All hours must be itemized separately on the detailed itemization (for example, “Attorney out-of-court hours” and “Paralegal”). Hours charged must be itemized by date and detailed explicitly as to the activity involved. Abbreviations must be clarified. Requests for payment must include proof of appointment and other documentation as described in Attachment E (Procedures for Payment) of Chief Justice Directive 04-05 and Attachment F (Procedures for Payment) of Chief Justice Directive 04-04. Chief Justice Directives are available at [**https://www.courts.state.co.us/Courts/Supreme\_Court/Directives/Index.cfm**](https://www.courts.state.co.us/Courts/Supreme_Court/Directives/Index.cfm)**.**

**Sample Detail of Time and Expenses Out In Paralegal**

7/02/22 Court appearance: advisement 1.0

7/10/22 Conf. w/ parent and caseworker 2.0

7/13/22 Review medical report 0.5

8/08/22 Conf. w/ client 0.3

8/14/22 Prepare and submit motion for psychological evaluation 0.5

9/08/22 Court appearance: review hearing .7