



Request for Payment of Fees

Work done on or after

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

1. Case Details

Case Number: _____ for Repr. of: _____

Case Name: _____ Number of Persons Represented: _____ County: _____

Appointing Judge/Magistrate: _____ Current Judge/Magistrate: _____

2. Appointee Information

Name: _____ Atty. Reg. No. _____

Address: (with/city/state/zip) _____ Check if new

Phone: _____ Email: _____

Appointment Date: _____ Original appointee or Substitute appointee.

Has the case gone to trial? Yes. No.

Initially, a flat fee contract appointment. Reason for hourly bill: _____ on (date) _____

Tax ID Number: _____

Note: Be sure to have an updated W9 and JDF 5 – *Authorization to Pay Law Firm* on file with the State Court Administrators Office (SCAO). Email forms to cacpayments@judicial.state.co.us.

3. Appointment Type

- Counsel
 Attorney GAL (for an Adult)
 Attorney CFI
 Non-Attorney CFI
 Investigator
 Court Visitor

4. Appointment Authority

- Title 14 DR Children [For CFI Appointments: State pays for _____% Advisory Counsel
 Title 15 Probate Title 19 D&N Respondent Parent
 Title 19 D&N Special Respondent Title 19 Parentage/Support Title 22 Education Truancy
 Title 25 Drug or Alcohol Commit Title 27 Mental Health CRCP 107 Contempt
 Witness (CJD 04-04) C.R.S. 13-90-208 Waiver of Hearing Interp.
 Other: _____

5. Indigence

- Parties determined to be indigent on (mm/dd/yy) _____
 Indigence can't be determined. Reason: _____

6. Summary of billed activities

Activities occurred from (mm/dd/yy) _____ to (mm/dd/yy) _____

a) Activity

Description	Number of Hours	\$ Rate	Total
Attorney Hours (in and out of court)			
Attorney Appellate Hours			
Child and Family Investigator (CFI)			
Paralegal			
Investigator			
Court Visitor			

Activity Total: _____

b) Regular Expenses

Description	Number	\$ Rate	Total
Mileage for Travel			
Number of Copies			

Regular Expenses Total: _____

c) Miscellaneous Expenses

Attach receipts if over \$50.00

1) Postage: \$ _____

2) Long Distance: \$ _____

3) Other: _____ \$ _____

4) Other: _____ \$ _____

5) Other: _____ \$ _____

Miscellaneous Expenses Total: _____

d) Total Request

Grand Total: _____

Total Amount Previously billed \$ _____

Total Exceeds appointment maximum. Attach motion and order approving overage.

7. Signature

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 not complying 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:

Appointee Signature: _____ Date: _____

Final Bill

Court Personnel Only

Request has been reviewed and is approved (with adjustments as indicated, if any).

Net Adjustment (+/-) \$ _____ Adjustment Reason (if not noted above) _____

- Reimbursement was ordered and entered in the CAC online system when the Appointment was entered.
- Court Staff Verified appointment was created in the CAC online system (to enable the appointee to be paid).

Staff Signature: _____ Print Name: _____ Date: _____
Court Executive, Judge/Magistrate, or Designee

Instructions

1. Hourly Rates

Hourly rates are paid in accordance with the applicable Chief Justice Directive (CJD) 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

Special Respondent Counsel

Title 19 – Other Matters (i.e. support, adoption, paternity, etc.)

Parentage/Support counsel

Appeals

Counsel / GAL (attorney) for adult

Titles 14 and 15

Counsel (probate only)

GAL (attorney)

CFI (attorney & non-attorney)

Court Visitor

Titles 22, 25 and 27

Counsel

GAL (attorney) for adult

For maximum total fees for counsel in *criminal* cases, refer to Attachment D (2) of CJD 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 CJD 04-04 and 04-05.

3. Reimbursable Expenses

Review CJDs 04-04 and 04-05 Attachment E for allowable expenses. All items must be detailed, itemized, and legible. If a charge exceeds \$50.00, a receipt must be attached.

4. Other Forms

Payments won't be processed without an I.R.S. form W-9 on file with the State Court Administrator's Office. Also, submit JDF 5 - *Authorization to Pay Law Firm* if needed. To get or submit forms, email cacpayments@judicial.state.co.us.

5. Submission

Submit two completed copies and **detailed itemizations** of hours and expenses to the court. 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 CJD 04-05 and Attachment F (Procedures for Payment) of CJD 04-04.

Sample Detail of Time and Expenses

Date	Type	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		
8/14/22	Prepare and submit a motion for psychological evaluation			0.5
9/8/22	Court appearance: review hearing		.7	