

APPLICATION FOR PAYMENT OF ATTORNEY FEES – under the MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES CODE – Adult only

[Please print or type information]

[Form No. NCA-MH-1]

PAYEE: \_\_\_\_\_ VENDOR NO. \_\_\_\_\_  
 Last Name, First Name, Middle Initial (separate by commas)

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TAX ID NO. \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

JUDICIAL DISTRICT: \_\_\_\_\_ COUNTY: \_\_\_\_\_

APPOINTMENT ORDER ATTACHED

I respectfully submit application for payment of court-appointed attorney fees as provided by the Mental Health and Developmental Disabilities Code, §43-1-4 NMSA 1978. I understand that this application will not be processed for payment if it has not been received by the Administrative Office of the Courts, Court-Appointed Attorney Office, within 30 days of **completion** of the event/hearing and that payment is contingent upon the availability of funds.

<b>Type of Hearing</b> (Check one)	<b>Date of Hearing</b> (If hearing continued put all dates)	<b>Hours Worked</b> (In & out of court)	<b>Total Fee</b> (Hours X \$50.00)	<b>Maximum Fee</b> (Not to exceed)
<input type="checkbox"/> Commitment (Mental Health)				\$150.00
<input type="checkbox"/> Commitment (Dev. Disabilities)				\$150.00
<input type="checkbox"/> Extended Commitment (MH)				\$150.00
<input type="checkbox"/> Extended Commitment (DD)				\$150.00
<input type="checkbox"/> Appointment of Treatment Guardian				\$150.00
<input type="checkbox"/> Review Hearing				\$100.00
<input type="checkbox"/> Other (please describe and attach court order approving)				

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AMOUNT REQUESTED [\$\_\_\_\_\_]

GROSS RECEIPTS TAX [\$\_\_\_\_\_]

TOTAL AMOUNT DUE [\$\_\_\_\_\_]

I understand that by submitting this application I certify that I am able to comply with the professional and ethical obligations established under the New Mexico Rules of Professional Conduct, Rules 16-100 through 16-805 NMRA (2008). I also affirm that the information provided herein is full and correct under penalty of perjury and, therefore, request payment.

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Administrative Office of the Courts

\_\_\_\_\_  
Date:

Submit Invoice to:

Court-Appointed Attorney Office  
237 Don Gaspar Ave., Rm 25  
Santa Fe, NM 87501