

APPLICATION FOR PAYMENT OF ATTORNEY FEES FOR REPRESENTATION UNDER THE ADULT PROTECTIVE SERVICES ACT

[Please print or type information]

[Form No. NCA-PRO-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 fees as the court-appointed attorney as provided by the Adult Protective Services Act, §27-7-27 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.

Type of Hearing (Check one)	Date of Hearing (If hearing continued put all dates)	Hours Worked (In & out of court)	Total Fee (Hours X \$50.00)	Maximum Fee (Not to exceed)
<input type="checkbox"/> Protective Services/ Placement				\$250.00

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