



# 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](mailto: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](mailto: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	