

**JUVENILE CONTRACT**  
**Attorney Payment Request**

Case Number: \_\_\_\_\_

Judge: \_\_\_\_\_

Defendant/Client(s) **& D.O.B.:** \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Previous Attorney (if Applicable): \_\_\_\_\_

**Spanish Speaking (SS) only?**  Yes  No

Attorney: \_\_\_\_\_

**PROVIDE FULL NAME OF MINOR(S) & D.O.B.:** \_\_\_\_\_

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

Email: \_\_\_\_\_

**ATTORNEY** or  **GAL** For:  Mother  Father  Minor(s)  Guardian  Victim  Other \_\_\_\_\_

**DELINQUENCY**

- Base Fee of \$400
- \_\_\_\_\_ Excess hours (over 10) @ \$50 an hour = \$ \_\_\_\_\_ (Attach timeline)
- \$50 for Probation Review Hearing (PRH), Date(s): \_\_\_\_\_
- \_\_\_\_\_ Hours in excess of 2 for PRH, Date(s): \_\_\_\_\_
- Petition to Revoke Probation: \_\_\_\_\_ hours at \$50 an hour \$ \_\_\_\_\_ (Attach appointment order & timeline)
- Transfer \$500

**DEPENDENCY**

- BRAND NEW CASE, 1st Year Base Fee of \$1000  Supplemental  Reactivated (after 1<sup>st</sup> year)
- \_\_\_\_\_ Excess hours (20) within \_\_\_\_\_ year @ \$50 or \$55 an hour *if Spanish Speaking only* = \$ \_\_\_\_\_  
\*Please attach a timeline documenting excess hours INCLUDING the description of initial 20 hours\*
- \_\_\_\_\_ Hours billed hourly within \_\_\_\_\_ year of case @ \$50 or \$55 an hour *if Spanish Speaking only* = \$ \_\_\_\_\_
- Initial Severance Hearing (ISH), Date(s): \_\_\_\_\_ @ \$50 each = \$ \_\_\_\_\_
- Motion to Terminate Parental Rights hearing (TPR), Date(s): \_\_\_\_\_ @ \$50 each = \$ \_\_\_\_\_

**SEVERANCE**

- \_\_\_\_\_ Hours @ \$50 an hour (cases appointed after August 1, 2016)
- \_\_\_\_\_ Excess hours beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_ (2<sup>nd</sup> day of Trial) @ \$50 or \$55 an hour *(if SS only)* = \$ \_\_\_\_\_  
\*Please attach a timeline documenting all severance case hours from date of appointment - for cases prior to 8/1/16\*

**APPEAL**  **DAP**  **MENTAL HEALTH**  **SPECIAL ACTION**  **OTHER** (specify): \_\_\_\_\_  
\_\_\_\_\_ hours @ \_\_\_\_\_ = \$ \_\_\_\_\_ (Attach timeline)

**OTHER REPRESENTATION** (for the purpose of achieving a dismissal of a dependency action):

- Domestic Relations  Special Paternity  Custody  Child Support Orders  Parenting time Orders  
(Consolidated with JD) (Consolidated with JD) \*Charges in excess of \$200 must include signed OCAC approval form.\*
- \_\_\_\_\_ Hours @ \$50/\$55 (if Spanish Speaking only) an hour = \$ \_\_\_\_\_ (Attach timeline)

**Contested (litigated) custody, parenting time & child support hearings or trials may not be charged to the county.**

**EXPENSES**

- Travel beyond 50 mile radius (include signed OCAC approval) # of miles round-trip: \_\_\_\_\_ @ \$0.445 = \$ \_\_\_\_\_  
Destination Address: \_\_\_\_\_
- Office Copies \_\_\_\_\_ @ \$0.10 each = \$ \_\_\_\_\_  Other (specify): \_\_\_\_\_ @ \_\_\_\_\_ = \$ \_\_\_\_\_

TOTAL FEES = \$ \_\_\_\_\_ TOTAL EXPENSES = \$ \_\_\_\_\_ **Total Fess & Expenses = \$ \_\_\_\_\_**

*Attorney avows the statements in the above schedule are true and all work has been performed by attorney. No compensation for the services described has been received. An accurate itemization of attorney time and expenses is attached.*

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Date

For OCAC use only (Revised 7/19/2016)

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