

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

Invoice Date: _____

Invoice #: _____

[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

INDIGENCY FINDING 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.

| Type of Hearing (Check one) | Date of Hearing (If hearing continued put all dates) | Hours Worked (In & out of court) | Total Fee (Hours X \$40.00) | Maximum Fee (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