

**APPLICATION FOR PAYMENT OF GUARDIAN AD LITEM FEES – under the NEW MEXICO
KINSHIP GUARDIANSHIP ACT**

Invoice Date: _____

Invoice #: _____

[Please print or type information]

[Form No. NCA-KG-10B]

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 attorney fees for a minor or incapacitated child pursuant to the New Mexico Kinship Guardianship Act, §40-10B-9 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 Court, 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)	Maximum Fee (Not to exceed)
<input type="checkbox"/> Appointment of guardian				\$600.00
<input type="checkbox"/> Revocation of guardianship				\$600.00

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