

**APPLICATION FOR PAYMENT OF RESPONDENT ATTORNEY - ADJUDICATION OF
PATERNITY – under the NEW MEXICO UNIFORM PARENTAGE ACT**

[Please print or type information] Invoice Date: _____ [Form No. NCA-DM-RA]
Invoice #: _____

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: _____

INDIGENCY ORDER MUST BE ATTACHED COURT APPOINTMENT MUST BE ATTACHED

I respectfully submit application for payment of Respondent’s Attorney fees pursuant to the New Mexico Uniform Parentage Act, §40-11A-641(A) 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** 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"/> Adjudication of Paternity				\$600.00
<input type="checkbox"/> Denial of genetic testing				\$150.00
<input type="checkbox"/> Other (please describe and attach court order)				\$300.00

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

