



**Maryland Legal Services Program
Court Appointed Attorney Program**

**Proceedings Involving Children
COMAR 07.01.13.06**

2016 Payment Invoice Form

I HEREBY CERTIFY:

1. **Attorney Appointed by Circuit Court** _____

Child/Oldest Sibling Represented

Court Hearing Date _____

Circuit Court Jurisdiction _____

2. **Pursuant to the *Annotated Code of Maryland*:**

Courts and Judicial Proceedings Article §3-813

- Shelter/Adjudication/Disposition Hearing
- CINA Review Hearing
- Court Ordered Mediation
- Voluntary Placement

Maryland Annotated Code, Family Law Article §5-323

- TPR Hearing
- Appellate Hearing
- Review Hearing

3. **Named Party to the Case:**

County/City Department of Social Services _____

4. **Number of Children Represented in this Proceeding:** _____

5. **Complete for Each Child Client: (Please attach additional paper if necessary)**

Name of 1st Child: _____

Date of Birth: _____/_____/_____

Gender: Male Female

Race: White/Caucasian Black/African American Hispanic/Latino Asian
 Native American Other: _____

Name if 2nd Child: _____

Date of Birth: _____/_____/_____

Gender: Male Female

Race: White/Caucasian Black/African American Hispanic/Latino Asian
 Native American Other: _____

6. Hearing Outcome: _____

7. Total Hours Spent On Case:

NOTE: The MLSP billable rate for CINA CAAP Attorneys is **\$75.00 per hour**. Please attach an itemized bill of your time with detailed explanation to this form.

Non-Hearing Hours: _____ Hearing Hours: _____

8. Payment Requested from State of Maryland Department of Human Resources:

Subtotal: Attorney Fees: \$ _____

Subtotal: Mileage: \$ _____

TOTAL Amount Requested: \$ _____

Attorney Signature: _____

Date: _____/_____/_____

SS# /Fed. ID #: _____

Payee If Other than Signatory: _____

Address / City / State / Zip: _____

Telephone Number: (____) _____

Email Address: _____