



ORDER FOR ATTORNEY'S FEES
For: KRS 620.100; 625.041; 625.080; 202B.210;
311.732(3)(c), (6);
CR 17.03 (5)

<http://Finance.ky.gov/ourcabinet/caboff/OGC>

GAL/CAC INFORMATION

Law Firm: _____

Street Address/PO Box: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: () - _____ **e-Mail Address:** _____

Vendor/Customer Number: _____

If you do not know your Vendor/Customer Number or if you have never been paid by the Finance & Administration Cabinet, please enter your tax identification number and your tax status (individual, partnership, corporation, etc.) Your Vendor/Customer Number will appear on the top, center of your check stub.

CASE INFORMATION

Case No(s):	- - -	- - -	- - -	- - -
	- - -	- - -	- - -	- - -

CR 17.03(5) states, "Counsel fee awards shall not exceed the statutory maximum, regardless of the number of persons represented in a proceeding by the counsel." If more than 8 case numbers were represented in this proceeding, please list the remaining numbers on a separate sheet and attach it to the order.

In the Interest of: _____

Court: District ☐ Circuit ☐ Family ☐ **County:** _____ **Division:** _____

On _____, 20_____ the above-named Attorney/Law Firm was appointed to represent:

- ☐ The above named child/mentally retarded adult
☐ The parent(s) or other person exercising custodial control or supervision of the above-named child/mentally retarded adult

Name of person(s) represented if different from the above named child/children: _____

This case was disposed on _____, 20_____

This case is pursuant to the Kentucky Revised Statute (KRS) marked below:
(Check only one box)

<input type="checkbox"/>	KRS 620.100	DNA cases in which a GAL or CAC is appointed for the child, for the parent(s) if parent is found to be indigent, or fees for the non-parent who exercises custodial control or supervision of the child if non-parent is found to be indigent. [\$500 maximum fee if final disposition is in circuit/family court; \$250 maximum fee if final disposition is in district court.]
<input type="checkbox"/>	KRS 625.041	Voluntary TPR cases in which the GAL fee of up to \$500 is to be paid by FAC if and only if the Cabinet for Health and Family Services (CHFS) is made custodian of the child
<input type="checkbox"/>	KRS 625.080	Involuntary TPR cases in which a GAL fee of up to \$500 is to be paid by FAC if and only if CHFS is the proposed custodian of the child; CAC fee of up to \$500 is to be paid by FAC for parent if parent is found to be indigent
<input type="checkbox"/>	KRS 202B.210	Involuntary commitment of a mentally retarded adult in which the CAC is compensated in accordance with KRS 620.100
<input type="checkbox"/>	KRS 311.732(3)(c), (6)	Representation for the performance of an abortion upon a minor



ORDER FOR ATTORNEY'S FEES
For: KRS 620.100; 625.041; 625.080; 202B.210;
311.732(3)(c), (6);
CR 17.03 (5)

<http://Finance.ky.gov/ourcabinet/caboff/OGC>

CERTIFICATION OF COUNSEL

1. In Case No., _____ - - - I was appointed by the _____ County
(Please use the first case number listed on the previous page)

- ☐ District Court ☐ Circuit Court ☐ Family Court on _____, 20____ as:
☐ **Guardian Ad Litem** (attorney appointed to represent the named child/mentally retarded adult or prisoner)
☐ **Court Appointed Counsel** (attorney appointed to represent the parent(s) or other person exercising custodial control or supervision of the named child/mentally retarded adult)

2. In performing the duties marked below, I spent _____ hours and _____ minutes

- ☐ Reviewed File
☐ Had a conference(s) with my client and/or CHFS via telephone or in person
☐ Prepared for the Adjudication Hearing
☐ Attended Adjudication Hearing
☐ Reviewed Court Orders
☐ Reviewed Reports of CHFS Case Worker
☐ Prepared for the Disposition Hearing
☐ Attended Disposition Hearing
☐ Attended Permanency Review Hearing
☐ Other (please explain on the lines below or attach a separate sheet if needed)

3. I have not been paid by the person(s) I represented or by anyone on his/her/their behalf; nor have I been promised any payment for this service in the future.
4. I have received \$ _____ in fees from the Commonwealth of Kentucky for this case(s).
5. I have received \$ _____ in fees from the Commonwealth of Kentucky for other petitions filed involving the named child (children).
6. Further the Affiant sayeth naught.

It is hereby ordered that said Attorney/Law Firm be awarded a fee of \$ _____

Date: _____, 20____

Attorney's Signature

Date: _____, 20____

Judge's Signature

Print/Type Judge's Name