

Request for Payment of Fees (Work Done Before 1/1/2024)
For Counsel, Gal (Adult Representation Only), Child & Family Investigator, Court Visitor, Investigator
 (Complete Sections I- VI, sign, date and submit to Court – See reverse side for Instructions)

I. Case Number: _____ for Repr. of: _____ Court: District County
 Case Name: _____ Number of Persons Represented: _____ County: _____
 Appointing Judge/Magistrate: _____ Current Judge/Magistrate: _____

II. Appointee Information: Complete or check all that apply: Atty. Reg. No. _____ Check if new address
 Name: _____ Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

The information in this box is confidential and NOT to be viewable in court case file
 SSN/Tax ID: _____ First Time Appointees: **See instruction #4 on reverse**
 (Per I.R.S. Reg. # 301.6109-1, the Social Security number of payee is mandatory for reporting on I.R.S. Form 1099.)

Appointment Date: _____ Original appointee or Substitute appointee Case has has not gone to trial.
 Originally flat fee contract appointment. Reason for hourly bill: _____ on _____ (date).

<p>III. Appointment Type (check one):</p> <input type="checkbox"/> Counsel <input type="checkbox"/> Attorney GAL (Adult Representation Only) <input type="checkbox"/> Attorney - Child Family Inv. (CFI) <input type="checkbox"/> Non-Attorney - Child Family Inv. (CFI) <input type="checkbox"/> Investigator <input type="checkbox"/> Court Visitor	<p>IV. Appointment Authority (check one):</p> <input type="checkbox"/> Title 14 DOMESTIC REL. CHILD(REN) State pays for _____ % <input type="checkbox"/> ADVISORY COUNSEL <input type="checkbox"/> Title 15 PROBATE <input type="checkbox"/> CRCP 107 CONTEMPT <input type="checkbox"/> Title 19 D & N RESPONDENT PARENT <input type="checkbox"/> WITNESS (CJD 04-04) <input type="checkbox"/> Title 19 D & N SPECIAL RESPONDENT INTERP. <input type="checkbox"/> 13-90-208 WAIVER OF HEARING <input type="checkbox"/> Title 19 PATERNITY/SUPPORT <input type="checkbox"/> Title 27 MENTAL HEALTH <input type="checkbox"/> Title 22 EDUCATION CODE (Truancy) <input type="checkbox"/> Title 25 DRUG/ALC. COMMIT. <input type="checkbox"/> OTHER _____
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V. Indigence
 Responsible party(ies) determined to be indigent on _____ (mm/dd/yy).
 Indigence cannot be determined. Reason: _____

VI. Summary of billed activities occurring from (mm/dd/yy) _____ to (mm/dd/yy) _____

Description	Number of Hours	Current Hourly Rates Authorized	Total
Attorney in-court and out-of court hours		\$100.00	
Attorney Appellate hours		\$100.00	
Attorney CFI		\$100.00	
Paralegal		\$42.00	
Non-Attorney CFI		\$55.00	
Investigator		\$40.00	
Court Visitor		\$100.00	
Total			\$
Expenses			
Mileage	Travel : _____ (miles) x .59		
Copies	Number of copies: _____ x.25		
Miscellaneous	Postage \$ _____ Long Distance \$ _____ Other: (explain) _____ \$ _____ (Attach itemized receipts if over \$50.00)		
Total Request			\$

Total Amount Previously billed \$ _____ Total of Requests Exceed Allowed Maximum for appointment. Motion and Order for Excess Fees was granted and is attached.

The information provided in this request is true and accurate. No compensation for the services described has been received. A detailed itemization of the in-court and out-of-court hours is attached. I have reviewed "Court Appointee Procedures for Payment of Fees and Expenses" in Chief Justice Directive 04-04 or 04-05 and understand that payment may be adjusted for items that do not comply with the Department's procedures. All court appointees and investigators must submit their JDF 207 (or invoice using CACS, as applicable) to the court **within six months** of the earliest date of billed activity. This form is for billing activities occurring on or after July 1, 2023, but before January 1, 2024. Visit https://www.courts.state.co.us/Forms/Forms_List.cfm?Form_Type_ID=293 for JDF 207 prior to July 1, 2023.

Final Bill

Signature of Appointee _____ Date _____

Court Personnel Only

Request has been reviewed by district staff for accuracy and completeness, and payment is approved (with adjustments as indicated, if any).
 Net Adjustment (+/-) \$ _____ Reason for adjustment (if not otherwise noted above) _____
 Reimbursement was ordered and entered in CAC On-line System when Appointment was entered.
 Court Staff Verified that appointment was created in CAC On-line System (to enable appointee to be paid)

Signature of District Administrator, Judge/Magistrate or Designee _____ Typed or Printed Name _____ Date _____

1. Hourly Rates

Hourly rates are paid in accordance with the applicable Chief Justice Directive (i.e. 04-04, 04-05) or Chief Justice Order.

2. Maximum Fees

The maximum total fees authorized per appointment as established in Chief Justice Directive 04-05 are as follows:

<u>Title 19 – Dependency and Neglect Matters</u>		<u>Titles 14 and 15</u>	
Special Respondent Counsel	\$1,935	Counsel (probate only)	\$4,437
		GAL (attorney)	\$4,437
		CFI (attorney & non-attorney)	\$3,009
		Court Visitor	\$ 779
<u>Title 19 – Other Matters (i.e. support, adoption, paternity, etc.)</u>		<u>Titles 22, 25 and 27</u>	
Paternity/Support counsel	\$1,546	Counsel	\$1,156
		GAL (attorney) for adult	\$1,156
<u>Appeals</u>			
Counsel / GAL (attorney) for adult	\$4,437		

For maximum total fees for counsel in criminal cases, refer to Attachment D (2) of Chief Justice Directive 04-04. If the total payment request for an appointment exceeds the maximum fee, a Motion for Fees in Excess must be submitted to the court and granted pursuant to Chief Justice Directives 04-04 and 04-05.

3. Reimbursable Expenses

Allowable expenses are detailed in Attachment E (Guidelines for Itemized Hourly Payment) of Chief Justice Directive 04-04 and 04-05. All items must be detailed, itemized, and legible. If a charge exceeds \$50.00, a receipt must be attached. Chief Justice Directives are available at https://www.courts.state.co.us/Courts/Supreme_Court/Directives/Index.cfm or contact the Financial Services Division of the State Court Administrator’s Office for copies.

4. I.R.S. W-9 Form and “Authorization to Pay Law firm for Attorney Appointments” JDF 5 Form

A completed W-9 form containing the appointee’s Tax Identification Number (Social Security Number or Federal Employer Tax Identification Number) must be on file with the State Court Administrator’s Office before payments will be processed. In addition, those appointees wishing to have payments made to a law firm instead of to the appointee personally must complete the “Authorization To Pay A Law Firm For Attorney Appointments” form. The W9 form is available at the following link: https://www.courts.state.co.us/userfiles/file/Administration/Financial_Services/W9.pdf. For a copy of the authorization to pay law firm form, please email cacpayments@judicial.state.co.us.

5. Instructions for Completion and Submission of JDF 207 Form

Section VI shall be used to enter time and expenses. For the billing period, enter the number of hours spent for the corresponding “Description” (column 1) in the “Number of Hours” column (column 2). Multiply the “Number of Hours” by the “Current Hourly Rates Authorized” (column 3) to determine the “Total” (column 4). Enter mileage, copies and miscellaneous expenses as indicated.

Submit to the Court two completed copies, **along with detailed itemizations of hours and expenses for the billing period**. All hours must be itemized separately on the detailed itemization (for example, “Attorney out-of-court hours” and “Paralegal”). Hours charged must be itemized by date and detailed explicitly as to the activity involved. Abbreviations must be clarified. Requests for payment must include proof of appointment and other documentation as described in Attachment E (Procedures for Payment) of Chief Justice Directive 04-05 and Attachment F (Procedures for Payment) of Chief Justice Directive 04-04. Chief Justice Directives are available at https://www.courts.state.co.us/Courts/Supreme_Court/Directives/Index.cfm.

Sample Detail of Time and Expenses

		<u>Out</u>	<u>In</u>	<u>Paralegal</u>
7/02/22	Court appearance: advisement		1.0	
7/10/22	Conf. w/ parent and caseworker	2.0		
7/13/22	Review medical report	0.5		
8/08/22	Conf. w/ client	0.3		
8/14/22	Prepare and submit motion for psychological evaluation			0.5
9/08/22	Court appearance: review hearing		.7	