

**PETITION FOR ATTORNEY FEES
(Dependency)**

INSTRUCTIONS

1. Petitions must be accompanied by a case closing sheet.
2. Petitions must be signed by attorney.
3. DAC does not pay travel to and from court.
4. DAC's fee schedule/guidelines are on the reverse.
If you are requesting fees beyond the guidelines you must Request review by the DAC Advisory Board in writing.
5. Request for reimbursement or payment of expenses should be documented and attached.
6. Hours should be submitted in 1/10th hours (e.g. .1 = 1/10 or 6 minutes). Do not round off to nearest quarter or half hour.

In re the welfare of: _____ Attorney: _____

Client: _____ Parent Dependent

Child's Name: _____ Cause No. _____

Child's Name: _____ Cause No. _____

Hearing Date: _____ Hearing Type: _____
(Fact Finding, Review, Termination)

Is Case Closed? _____

If Closed, Reason? (Termination, Dismissal, etc.): _____

Signature of Attorney

TAX Identification Number

MAKE CHECK PAYABLE TO:
(MUST match name in which your taxes are filed under)

TIME CODE CLASSIFICATIONS:

DE: Client (Defendant) Contact
CT: Court
WT: Wait or Investigative Travel

NG: Negotiation
RS: Research
FF: Fact Finding

Address

*****Incomplete petitions may delay processing of payment.*****

Invoice Number: _____

Invoice Date or Last Hearing Date: _____

Dates of Service: _____

ITEMIZED COSTS AND EXPENSES: _____
(Please attach documentation & indicate whether you are requesting direct payment or reimbursement.)

**** Attached confidential detailed billing on file at Assigned Counsel ****

Approved for payment in the total amount of \$ _____

DIRECTOR