PROCEEDINGS INVOLVING CHILDREN
COURT APPOINTED ATTORNEY REQUEST FOR PAYMENT INACCORD WITH COMAR 07.06.10.06

I HEREBY CERTIFY:

1. _____ Attorney Appointed by Circuit Court

   _____Child/Oldest Sibling Represented

   _____ Hearing Date

2. Under the *Annotated Code of Maryland:*

   _____ Courts and Judicial Proceedings Article, §3-834.
   _____Shelter/Adjudication/Disposition _____ CINA Review

   _____ Family Law Article, §5-323
   _____ TPR _____ Appeal _____ Guardianship Review

3. _____ County/City DSS, Party to the case

4. _____ Number of children represented in this proceeding.

5. For each child: (Use back of this form if necessary)
_____ Birthdate _____ Gender _____ Race (African American, Asian, Caucasian, Hispanic; Native American)
2nd Child's Name _____
_____ Birthdate _____ Gender _____ Race (African American, Asian, Caucasian, Hispanic; Native American)
3rd Child's Name _____
_____ Birthdate _____ Gender _____ Race (African American, Asian, Caucasian, Hispanic; Native American)

6. Hearing Outcome: _____

7. _____Total hours spent by undersigned on case: Nontrial _____ Trial_____

8. $ _____Subtotal: Reasonable fee for representation

   $ _____ Subtotal: Costs approved

   $ _____ Total awarded by the Court to be paid by the State of Maryland

_____
Signature

_____
SS/Fed. ID #

_____
Payee if other than signatory

_____
Address

_____

City/State/Zip

Telephone