

The Alabama Administrative Office of Courts recently updated the Juvenile Court Attorney's Fee Declaration Form to be used by attorneys who handle appointed work in juvenile court, effective October 1.

State of Alabama Unified Judicial System Form C-62B Rev.10/09	ATTORNEY'S FEE DECLARATION (Juvenile) [For Work Submitted for Payment On or After 10/01/2009]	County Code — —	Case Number Jurisdiction Year Case# Suffix
IN THE JUVENILE COURT OF _____ COUNTY In the matter of juvenile case number above		Attorney Name (Please type or print) _____ Social Security Number or FEIN _____	
Appeal to: <input type="checkbox"/> Alabama Court of Criminal Appeals <input type="checkbox"/> Alabama Court of Civil Appeals <input type="checkbox"/> Supreme Court of Alabama		Type of Case: <input type="checkbox"/> Delinquency <input type="checkbox"/> Dependency <input type="checkbox"/> In Need of Supervision <input type="checkbox"/> Other (describe): _____	
		Role: <input type="checkbox"/> Guardian Ad Litem <input type="checkbox"/> Child's Attorney <input type="checkbox"/> Parent's Attorney <input type="checkbox"/> Other (describe): _____	
The undersigned attorney declares that on (date) _____, the Honorable _____ Judge, appointed the undersigned to represent the <input type="checkbox"/> child <input type="checkbox"/> parent/legal guardian/legal custodian, <input type="checkbox"/> petitioner and on (date) _____, the case was disposed of by _____ (Adjudication of dependency, in need of supervision or delinquency, cert. denied, etc.)			
The undersigned attorney further declares that he/she has provided services in the case as attorney or guardian and litem and makes the following claims for such services:			
(1) In-court Appearance (Trial Level or Post-Conviction Proceeding)	Total Hours _____	x \$ 60.00 per hour =	_____
(2) Out-of-Court Preparation (Trial Level or Post-Conviction Proceeding)	Total Hours _____	x \$ 40.00 per hour =	_____
(3) Preparation (Appellate Level)	Total Hours _____	x \$ 60.00 per hour =	_____
(4) Extraordinary Expenses (if approved in advance by court)	_____		
(5) Overhead Expenses (if approved in advance by court)	Total Hours _____	x \$ _____ Per hour =	_____
TOTAL CLAIM OF ATTORNEY _____			
NOTICE TO ATTORNEY: Complete this form. Attach a copy of a complete itemization of (1) in-court appearance; (2) out-of-court preparation; (3) preparation for appeals; (4) extraordinary expenses; and/or (5) overhead expenses reflecting the date of actions and amount of time involved in each activity. Make a copy of same for the court's record and a copy for your records. * NOTE: In juvenile cases, this fee shall not exceed \$2,000. Attorneys serving in the capacity of Guardian Ad Litem must be certified as per Ala. Code 1975, §12-15-304.			
The undersigned attorney further declares that the above claim is true and correct and represents the services actually rendered by him/her as an attorney and the amount is due and payable. I further declare that the above claim is not a duplication of charges and expenses in any case (companion or otherwise) and that if serving as a Child's Attorney or Guardian Ad Litem, I have performed the duties required under Ala. Code 1975, §§12-15-202 and/or 12-15-304 as applicable.			
Sworn to and subscribed before me this _____	Signature of Attorney _____ Attorney Code _____ Mailing Address of Attorney (please type or print) (including city, state, and zip code) _____		
day of _____	_____		
_____	_____		
Notary Public	Telephone Number _____ Fax Number _____		
I, the undersigned judge, hereby certify that the foregoing claim has been presented to me, and I have reviewed the same and believe the same to be true and correct. I am further of the opinion that the attorney is not duplicating these charges and expenses in any case (companion or otherwise).			
Based on the above, I hereby approve the declaration and claim in the amount of \$ _____			
Done this _____ day of _____			
_____ Judge's Signature			
NOTICE TO ATTORNEY AND JUDGE: Ala. Code §§ 15-12-21 through 15-12-23, provide that fees and expenses of court appointed attorneys shall be paid by the State of Alabama.			
THIS FORM MUST CONTAIN ORIGINAL SIGNATURES OF THE ATTORNEY AND THE JUDGE. THIS FORM WITH ATTACHED ITEMIZATION MUST BE SUBMITTED TO THE TRIAL COURT JUDGE OR PRESIDING JUDGE OR CHIEF JUSTICE OF THE APPELLATE COURT FOR APPROVAL. AFTER APPROVAL, FILE WITH THE CLERK, WHO SHALL SUBMIT THE ORIGINAL DECLARATION TO THE STATE COMPTROLLER FOR AUDIT.			
MAIL TO: State Comptroller, Indigent Defense Section, P.O. BOX 302602, Montgomery, Alabama 36130-2602.			
Filed in the Clerk's Office at _____ Alabama, on _____ date			