

GUARDIAN AD LITEM (GAL) VOUCHER

IN RE: _____

DISTRICT COURT: _____

JUDICIAL OFFICER: _____

DOCKET NUMBER: _____

(only one docket number per voucher)

TYPE OF CASE:

Child Protection. Please check applicable stage (When a court appearance concludes more than one legal stage, the GAL may bill only for the legal stage with the higher hourly cap—not the combined hourly cap of the concurrent legal stages).

- | | |
|--|--|
| <input type="checkbox"/> Summary Preliminary Hearing (10 hours) | <input type="checkbox"/> Contested Child Placement Hearing (22 M.R.S. 4005-H(2)) (15 hours) |
| <input type="checkbox"/> Jeopardy Hearing (20 hours) | <input type="checkbox"/> Dismissal of Child Protection Action (15 hours) |
| <input type="checkbox"/> Judicial Review and/or Permanency Planning Hearing (15 hours) | <input type="checkbox"/> Dismissal includes attendance at uncontested adoption hearing on _____ (date) (only up to 1 hour of the dismissal stage's 15 hours may be billed for this purpose); |
| <input type="checkbox"/> Termination of Parental Rights Hearing (20 hours) | <input type="checkbox"/> Release of a GAL from an Order of Appointment (15 hours) |
| <input type="checkbox"/> Cease Reunification Hearing (15 hours) | <input type="checkbox"/> Law Court Appeal |
| <input type="checkbox"/> Contested Permanency Guardianship Hearing (22 M.R.S. 4038-C) (15 hours) | |

Date Stage Completed: _____

Family Matter – Guardianship
(up to 15 hours allowed per Me. Admin Order JB-05-5)

Family Matter – Adoption
 Attached is a copy of the Court's Order Appointing Guardian ad Litem (vouchers will be denied if Order for Appointment of Guardian ad Litem is not attached).

Juvenile Matter
 Attached is a copy of the Court's Order Appointing Guardian ad Litem (vouchers will be denied if Order for Appointment of Guardian ad Litem is not attached).

Guardian for Minor or Incompetent Person, M.R. Civ. P. 17(b)
 Attached is a copy of the Court's Order Appointing Guardian ad Litem (vouchers will be denied if Order for Appointment of Guardian ad Litem is not attached).

TOTAL HOURS (In 0.1 increments. Attach itemization of time): _____

VOUCHER EXCEEDS NUMBER OF ALLOWABLE HOURS. The voucher exceeds the maximum number of hours allowed by Me. Admin. Order JB-05-5.

- A motion to exceed the maximum allowed hours was filed on _____.
- Attached is a copy of the court order pre-approving the additional time (voucher will be denied if court order pre-approving additional time is not attached).

TOTAL MILEAGE REIMBURSEMENT AND OTHER EXPENSES PER PAGE 2 \$ _____
(vouchers seeking mileage reimbursement will be denied if page 2 is not complete).

I certify that payment has not been received, and that no payment or promise of payment has been requested or accepted by me in connection with this case, except as ordered by the court. The attached statement of time spent in preparation, in court, and on expenses is true and correct. I further certify that my billing is in accord with Administrative Order JB-05-5, and in particular that I have not billed for travel time or expenses to/from my declared home court(s) and that I have not double-billed for my time.

This voucher was filed in one of my designated Home Courts?

Yes No

Signature of GAL _____

Date submitted _____

Name of GAL (print) _____

Check Payable To _____

Telephone Number _____

Address _____

Email Address _____

Re-submission Yes No

Vendor Code # _____

ALL INFORMATION ABOVE THIS LINE MUST BE COMPLETED OR VOUCHER WILL BE RETURNED.

FOR COURT USE ONLY					Court Date Stamp
Hourly Fee	\$ _____	Clerk Verification: _____ Name (print) _____ _____ (Signature)			
Mileage	\$ _____				
Other Expenses	\$ _____				
TOTAL DUE	\$ _____				
Total Hours/Mileage/Other Expenses			AOC Approved for Payment		
APPROVED BY:			Fund	Agency	Unit
_____ (Signature) <input type="checkbox"/> Judge <input type="checkbox"/> Clerk			010	40A	012
Date: _____			Approp.	Object	(Date)
JUDICIAL OFFICER NOTES:			012	4040	
			TRANS	AGENCY	DOCUMENT I.D.
			# TYPE	CODE	
			GAX	40 A	

