



### GAL/CAC ATTORNEY INFORMATION

Law Firm/Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Commonwealth of Kentucky eMARS Vendor Number: \_\_\_\_\_

*(If law firm/attorney has not registered as a vendor with the Commonwealth of Kentucky, please visit [https://vss.ky.gov/vssprod-ext/Advantage\\_vssprod-ext](https://vss.ky.gov/vssprod-ext/Advantage_vssprod-ext) - [Welcome to Kentucky's Vendor Self Service](#) to register)*

#### CASE INFORMATION

Case Numbers*:			
----------------	--	--	--

\*CR 17.03(5) states, "Counsel fee awards shall not exceed the statutory maximum, regardless of the number of persons represented in a proceeding by the counsel." If more than four case numbers were included in the sibling group for this proceeding, please list the remaining numbers on a separate sheet and attach it to the order.

On \_\_\_\_\_ the above-named Attorney/Law Firm was appointed as either a GAL or CAC in the following case name(s):  
(date)

in  District Court  Family/Circuit Court in \_\_\_\_\_ County.

If appointed as a CAC in a DNA/TPR case, list client's name and relationship of client to the child(ren): \_\_\_\_\_

I was appointed pursuant to the appropriate Kentucky Revised Statute (KRS) and in the role marked below. **(Check only one box.)**

<b>KRS 620.100</b> DNA Cases	<input type="checkbox"/> GAL for child(ren) – GAL <input type="checkbox"/> CAC for indigent parent – CACP <input type="checkbox"/> CAC for indigent family non-parent exercising custodial control or supervision of the child(ren) – CACF <input type="checkbox"/> CAC for indigent non-family exercising custodial control or supervision of the child(ren) – CACN
<b>KRS 625.0405, .041</b> Voluntary TPR	<input type="checkbox"/> GAL for child(ren) if Cabinet for Health and Family Services (CHFS) receives custody of the child(ren) – GAL <input type="checkbox"/> CAC for parent if TPR is not granted or if CHFS receives custody of the child(ren) – CACP
<b>KRS 625.080</b> Involuntary TPR	<input type="checkbox"/> GAL for child(ren) if CHFS is the proposed custodian of the child(ren) – GAL <input type="checkbox"/> CAC for indigent parent – CACP
<b>KRS 202B.210</b> Commitment	<input type="checkbox"/> Private counsel appointed for individual alleged to have an intellectual disability – GAL
<b>KRS 311.732(3)(c)</b> Minor Abortion	<input type="checkbox"/> GAL/CAC for minor on a petition seeking self-consent for an abortion – GAL
<b>KRS 199.502(3)(b)</b> Adoption	<input type="checkbox"/> CAC for biological parent who does not consent to the adoption and the petitioner is the child's blood relative or fictive kin in accordance with KRS 199.470(4)(a) – CACP
<b>KRS 403.100</b> Dissolution/Custody	<input type="checkbox"/> GAL for respondent who is incarcerated for a conviction pursuant to KRS Chapter 507, 508, 509, or 510, where petitioner was the victim – GAL
<b>KRS 456.035(2)</b> Dating Violence & Abuse	<input type="checkbox"/> GAL for a minor respondent in a dating violence and abuse, sexual assault or stalking case. - GAL
<b>KRS 403.727(2)</b> GAL Domestic Violence & Abuse	<input type="checkbox"/> GAL for a minor respondent to the action or a petitioner which is in an alleged victim of domestic violence and abuse.
<b>KRS 26A.140(1)(a)</b> Child Victim	<input type="checkbox"/> GAL appointed to a child victim. - GAL

**GAL/CAC ATTORNEY INFORMATION CONTINUATION PAGE**

**CASE INFORMATION FROM PAGE 1**

Case Numbers*:				
----------------	--	--	--	--

***Case number(s) must be entered and duplicate case numbers from Page 1. Failure to complete accurately will result in the FINGAL form being returned.***

1. Counsel certifies that he/she performed duties justifying the fees requested on this form.
2. Counsel certifies that he/she has not been paid the statutory maximum amount by the Commonwealth related to this appointment.
3. If the Commonwealth has not paid the maximum fee for this appointment, counsel certifies he/she has already been paid \_\_\_\_\_.
4. Counsel certifies that he/she has not been paid by the client or by anyone on his/her/their behalf.

It is hereby ordered that said Attorney/Law Firm be awarded a fee of \_\_\_\_\_.

\_\_\_\_\_

Date

\_\_\_\_\_

Attorney's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Judge's Signature

\_\_\_\_\_

Judge's Printed or Typed Name