Finance Cabinet 200 Mero Street Frankfort, KY 40601 Finance & Administration Cabinet Website		ORDER FOR GAL/CAC ATTORNEY FEES

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, Kentucky's Vendor Self Service Portal *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 _____ (date) the above-named Attorney/Law Firm was appointed as either a GAL or CAC in the following case name(s):

_____

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.)***

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

Additional KRS options on page 2.

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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.

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

KRS 26A.140(1)(a) Child Victim	☐ GAL appointed to a child victim. – GAL
KRS 202A.121 Incompetent	☐ Court Appointed Counsel-KRS 202A.051 60-day & 360-day Involuntary Hospitalization-CAC ☐ Court Appointed Counsel-KRS 202A.0811 et. seq.-Court-Ordered Assisted Outpatient Treatment (Tim's Law)-CAC ☐ Court Appointed Counsel-KRS 222.430-Involuntary treatment for substance abuse disorder (Casey's Law)-CAC ***(For appointments arising from contempt proceedings contact Fin.ContemptCases@ky.gov .)***

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