



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 eMARS311.ky.gov to register)

CASE INFORMATION

Case Numbers*:				
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*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.)

KRS 620.100 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
KRS 625.0405, .041 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
KRS 625.080 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
KRS 202B.210 Commitment	<input type="checkbox"/> Private counsel appointed for individual alleged to have an intellectual disability – GAL
KRS 311.732(3)(c),(6) Minor Abortion	<input type="checkbox"/> GAL/CAC for minor on a petition seeking self-consent for an abortion – GAL
KRS 199.502(3)(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
KRS 403.100 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

- Counsel certifies that he/she performed duties justifying the fees requested on this form.
- Counsel certifies that he/she has not been paid the statutory maximum amount by the Commonwealth related to this appointment.
- If the Commonwealth has not paid the maximum fee for this appointment, counsel certifies he/she has already been paid _____.
- 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)