| Finance Cabinet, 702 Capital Avenue<br>Room 195 Capitol Annex<br>Frankfort, KY 40601<br><br>https://finance.ky.gov/Pages/default.aspx | | ORDER FOR GAL/CAC<br>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, contact Finance Cabinet's Customer Resource Center at 1-877-973-4357.)*

**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<br>DNA Cases | ☐ GAL for child(ren) – GAL<br>☐ CAC for indigent parent – CACP<br>☐ CAC for indigent family non-parent exercising custodial control or supervision of the child(ren) – CACF<br>☐ CAC for indigent non-family exercising custodial control or supervision of the child(ren) – CACN |
| KRS 625.0405, .041<br>Voluntary TPR | ☐ GAL for child(ren) if Cabinet for Health and Family Services (CHFS) receives custody of the child(ren) – GAL<br>☐ CAC for parent if TPR is not granted or if CHFS receives custody of the child(ren) – CACP |
| KRS 625.080<br>Involuntary TPR | ☐ GAL for child(ren) if CHFS is the proposed custodian of the child(ren) – GAL<br>☐ CAC for indigent parent – CACP |
| KRS 202B.210<br>Commitment | ☐ Private counsel appointed for individual alleged to have an intellectual disability – GAL |
| KRS 311.732(3)(c),(6)<br>Minor Abortion | ☐ GAL/CAC for minor on a petition seeking self-consent for an abortion – GAL |
| KRS 199.502(3)(b)<br>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<br>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 |

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)