

State of Alabama Unified Judicial System Form AFD-6 Rev. 10/2024	ATTORNEY'S FEE DECLARATION (Juvenile) [For Appointments made on or after 10/01/2024]	County Code — —	Case Number --- -- -- -- -- -- -- -- -- -- -- -- -- -- -- -- --
		Jurisdiction Year Case# Suffix	

In the Juvenile Court of: _____ **County**

Attorney Name (Please type or print)

Social Security Number or FEIN

- | | | |
|---|--|---|
| Appeal To:
<input type="checkbox"/> Alabama Court of Criminal Appeals
<input type="checkbox"/> Alabama Court of Civil Appeals
<input type="checkbox"/> Supreme Court of Alabama | Type of Case: (\$4,500 limit)
<input type="checkbox"/> Delinquency
<input type="checkbox"/> Dependency
<input type="checkbox"/> Termination of Parental Rights (TPR)
<input type="checkbox"/> Child In Need of Supervision (CHINS)
<input type="checkbox"/> Other (describe) _____ | Check only if appointed GAL for child in Dependency and/or TPR case (\$5,000 limit) |
|---|--|---|

The undersigned attorney declares that on (date) _____, the Honorable _____, Judge, appointed the undersigned to represent Child; Mother; Father; as GAL for Child; as GAL for Other _____; legal custodian / legal guardian; petitioner; Other _____ and on (date) _____, the case was disposed of by _____.

(Adjudication of dependency, in need of supervision or delinquency, cert. denied, etc.)

In Court Appearance (Trial Level or Post-Conviction Proceeding)	Total Hours _____ x \$ 70.00 per hour = _____
Out-of-Court Preparation (Trial Level or Post-Conviction Proceeding)	Total Hours _____ x \$ 70.00 per hour = _____
Preparation (Appellate Level)	Total Hours _____ x \$ 70.00 per hour = _____
Reimbursable Non-overhead Expenses up to \$300 (Receipts attached)	_____
Reimbursable Non-overhead Expenses exceeding \$300 (Pre-approved by the Court and Receipts attached)	_____
TOTAL CLAIM OF ATTORNEY	

NOTICE TO ATTORNEY: Complete this form. Attach a copy of a complete itemization of in-court appearances; out-of-court preparation; preparation for appeals; and all reimbursable non-overhead expenses. Attach invoice or receipt for all expenses and corresponding court orders. Make a copy of same for the court's record and a copy for your records. **This form and attachments must be received by the Office of Indigent Defense Services no later than 120 days from final disposition of the case.**

The undersigned attorney further declares that the above claim is true and correct and represents the services actually rendered by him/her as an attorney and the amount is due and payable. I further declare that the above claim is not a duplication of charges and expenses in any case (companion or otherwise).

Signature of Attorney _____ Date _____

Attorney Code _____

Mailing Address of Attorney
(please type or print) (including city, state, and zip code)

E-mail Address: _____ Telephone Number _____ Fax Number _____

I, the undersigned judge, hereby certify that the attorney presenting this claim provided representation in this matter and that said matter has been concluded. I am further of the opinion that this claim is reasonable based upon the defense provided.

Judge's Signature _____ Date _____

NOTICE TO ATTORNEY AND JUDGE: Sections 15-12-21 through 15-12-23, Ala. Code 1975, provide for the payment of attorney fees and extraordinary expenses incurred by counsel appointed to represent indigent defendants at the trial level, on appeal, and in post-conviction proceedings.

APPELLATE COURTS – WHEN THE FEE DECLARATION SEEKS REIMBURSEMENT FOR APPELLATE SERVICES, SEND FEE DECLARATION DIRECTLY TO OFFICE OF INDIGENT DEFENSE SERVICES.

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES OF THE ATTORNEY AND THE JUDGE (WHEN REQUIRED). THIS FORM WITH ATTACHED ITEMIZATION MUST BE SUBMITTED TO THE TRIAL COURT JUDGE FOR CERTIFICATION, AND THEN SUBMITTED TO THE OFFICE OF INDIGENT DEFENSE SERVICES.

MAIL TO: Office of Indigent Defense Services, P.O. BOX 302598, Montgomery, Alabama 36130-2598.