State of Alabama Unified Judicial System Form AFD-3 Rev.12/2011	**ATTORNEY'S FEE DECLARATION** **(Juvenile)** [For Appointments made prior to 6/14/2011]	**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:
- ☐ Alabama Court of Criminal Appeals
- ☐ Alabama Court of Civil Appeals
- ☐ Supreme Court of Alabama

Type of Case:
- ☐ Delinquency
- ☐ Dependency
- ☐ Child In Need of Supervision (CHINS)
- ☐ Other (describe) _____

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 $ 60.00 per hour = _____
Out-of-Court Preparation (Trial Level or Post-Conviction Proceeding)	Total Hours _____ x $ 40.00 per hour = _____
Preparation (Appellate Level)	Total Hours _____ x $ 60.00 per hour = _____
Extraordinary Expenses (If approved in advance by the Court)	_____
Overhead Expenses (If approved in advance by the Court)	Total Hours _____ x $ _____ per hour = _____
	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; extraordinary expenses; and/or overhead expenses reflecting the date of actions and amount of time involved in each activity. Attach original invoice or receipt for all expenses and corresponding court orders. Make a copy of same for the court's record and a copy or your records.

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) and that if serving as a child's attorney or GAL, I have performed the duties required under Alabama law.

_____ _____
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 foregoing claim has been presented to me, and I have reviewed the same and believe the same to be true and correct. I am further of the opinion that said attorney is not duplicating said charges and expenses in any case (companion or otherwise).

Based on the above, I hereby approve the attorney's declaration and claim in the amount of $_____.

_____ _____
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 (including petition for writ of certiorari to the Alabama Supreme Court), and in post-conviction proceedings.

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES OF THE ATTORNEY AND THE JUDGE. THIS FORM WITH ATTACHED ITEMIZATION MUST BE SUBMITTED TO THE TRIAL COURT JUDGE OR PRESIDING JUDGE OR CHIEF JUSTICE OF THE APPELLATE COURT FOR CERTIFICATION, FILED WITH THE CLERK, AND THEN SUBMITTED TO THE OFFICE OF INDIGENT DEFENSE SERVICES.

Filed in the Clerk's Office at _____, Alabama, on _____.
Date

MAIL TO: Office of Indigent Defense Services, P.O. BOX 302602, Montgomery, Alabama 36130-2602.