

GUARDIAN AD LITEM (GAL) VOUCHER

_____ v. _____

DISTRICT COURT: _____

IN RE: _____

DOCKET NUMBER: _____

JUDICIAL OFFICER: _____

(only one docket number per voucher)

TYPE OF CASE:

Child Protection. Please check applicable stage (When a court appearance concludes more than one legal stage, the GAL may bill only for the legal stage with the higher hourly cap—not the combined hourly cap of the concurrent legal stages.)

- Summary Preliminary Hearing (10 hours)
 Jeopardy Hearing (20 hours)
 Judicial Review and/or Permanency Planning Hearing (15 hours)
 Termination of Parental Rights Hearing (20 hours)
 Cease Reunification Hearing (15 hours)
 Contested Permanency Guardianship Hearing (22 M.R.S. § 4038-C) (15 hours)
 Contested Child Placement Hearing (22 M.R.S. § 4005-H(2)) (15 hours)
 Dismissal of Child Protection Action (15 hours)
 Dismissal includes attendance at uncontested adoption hearing on _____ (date) (only up to 1 hour of the dismissal stage's 15 hours may be billed for this purpose)
 Release of a GAL from an Order of Appointment (15 hours)
 Law Court Appeal

Date Stage Completed: _____

Other Type of Case. Please check the applicable type of case (20 hours; you must attach a copy of your appointment order)

- Juvenile Matter
 Family Matter – Guardianship
 Family Matter – Adoption
 Family Matter –Termination of Parental Rights, Title 19-A
 Guardian for Minor or Incompetent Person, M.R. Civ. P. 17(b)

TOTAL HOURS (In 0.1 increments. You must attach itemization of time):

_____ hrs at \$150/hour (after March 1, 2023) + _____ hrs at \$80/hour (before March 1, 2023) = Total Hourly Fee \$ _____

VOUCHER EXCEEDS NUMBER OF ALLOWABLE HOURS. The voucher exceeds the maximum number of hours allowed by Me. Admin. Order JB-05-5.

- A motion to exceed the maximum allowed hours was filed on _____.
 Attached is a copy of the court order(s) pre-approving the additional time. (The voucher will be denied if court order pre-approving additional time is not attached.)

TOTAL MILEAGE REIMBURSEMENT AND OTHER EXPENSES PER PAGE 2 (You must complete page 2 for approval): \$ _____

CERTIFICATION: I certify that payment has not been received, and that no payment or promise of payment has been requested or accepted by me in connection with this case, except as ordered by the court. The attached statement of time spent in preparation, in court, and on expenses is true and correct. I further certify that my billing is complies with Me. Admin. Order JB-05-5, and in particular, that I have not billed for travel time or expenses to/from my declared home court(s) and that I have not double-billed for my time.

HOME COURT: Is this voucher being submitted in one of your designated Home Courts? Yes No

Signature of GAL _____
Name of GAL (print) _____
Telephone Number _____
Email Address _____

Date Submitted _____
Check Payable To _____
Address _____

Re-submission Yes No

Vendor Code # _____

FOR COURT USE ONLY

Court Date Stamp

Total Hourly Fee \$ _____
Mileage \$ _____
Other Expenses \$ _____
TOTAL DUE \$ _____

Total Hours/ Mileage/Other Expenses APPROVED BY:

(Signature) Judge Clerk

Name (print) _____

Date: _____

JUDICIAL OFFICER NOTES:

AOC Approved for Payment

Fund Agency Unit Approp. Object (Date)
010 40A 012 4040
TRANS AGENCY DOCUMENT I.D.
#TYPE CODE
GAX 40A

MILEAGE:

Date MM/DD/YYYY	Origin Address	Destination Address	Total Miles	Applicable Rate <ul style="list-style-type: none"> • \$0.50/mile <i>after</i> January 1, 2024; or • \$0.46/mile <i>prior</i> to January 1, 2024. 	Trip Cost	Purpose of Travel

Mileage Total: \$ _____

TOTAL OTHER QUALIFYING EXPENSES (You *must* attach itemized receipt(s)): \$ _____

PLEASE NOTE: GAL vouchers must include the original wet-ink signature of the GAL, and thus, may not be filed electronically.