

**ATTORNEY'S FEE DECLARATION**

**County  
Code**  
— —

**Case Number**

**Involuntary Commitments**

\_\_\_\_ Jurisdiction \_\_\_\_ Year \_\_\_\_ Case# \_\_\_\_ Suffix

**Mark Appropriate Court:**

\_\_\_ Probate Court  
\_\_\_ Circuit Court  
\_\_\_ Alabama Court of Civil Appeals      All Limits: \$1500

**Attorney Name (Please type or print):**

\_\_\_\_\_

\_\_\_\_\_ Social Security Number or FEIN

In the matter of \_\_\_\_\_ Respondent/Patient Name  
\_\_\_ Commitment \_\_\_ Recommitment \_\_\_ Appeal

The undersigned attorney, licensed to practice law in the State of Alabama, declares that on (date) \_\_\_\_\_, the Honorable \_\_\_\_\_, Probate Judge, appointed the undersigned to serve as Advocate for the Petitioner, or Guardian Litem, and the case was disposed of by \_\_\_\_\_.

(1) In Court Legal Services	Total Hours _____ x \$ 70.00 per hour = \$ _____
(2) Out-of-Court Legal Services	Total Hours _____ x \$ 70.00 per hour = \$ _____
(3) Appellate Level Legal Services	Total Hours _____ x \$ 70.00 per hour = \$ _____
(4) Expert Expenses (If approved in advance by the court)	= \$ _____
(5) Reimbursable Non-overhead Expenses (Receipts attached) (Must be approved in advance if in excess of \$300)	= \$ _____
TOTAL CLAIM OF ATTORNEY      \$ _____	

**NOTICE TO ATTORNEY:** Complete this form. Attach a copy of a complete itemization of (1) in-court legal services; (2) out-of-court legal services; (3) appellate level legal services; (4) expert expenses; and/or (5) reimbursable non-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 of your records. **This form and attachments must be received by the State Comptroller's Office, Fiscal Management through the Probate Court no later than 90 days from final disposition of the case.**

I, the undersigned attorney, declare that the above claim is true and correct and represents indigent legal services actually rendered as an attorney and that 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

\_\_\_\_\_  
E-mail Address:

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

\_\_\_\_\_  
Telephone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Fax Number:

I, the undersigned probate judge/judge, hereby certify that the attorney presenting this claim provided representation in this matter, that said matter has been concluded, and that to the best of my knowledge, the bill is reasonable based on the defense provided and the appointment date listed above is correct as stated.

\_\_\_\_\_  
Probate Judge's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge's Signature (Appeals Court other than Probate)

**NOTICE TO ATTORNEY AND JUDGE:** Ala. Code (1975) §§22-52-14 et seq. provide for the payment of attorney fees and expenses incurred by counsel appointed to represent indigent defendants in probate court proceedings.

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES OF THE ATTORNEY AND THE JUDGE. THIS FORM WITH ATTACHED ITEMIZATION MUST BE SUBMITTED TO THE PROBATE JUDGE FOR CERTIFICATION, FILED WITH THE CLERK, AND THEN SUBMITTED TO THE STATE COMPTROLLER'S OFFICE, FISCAL MANAGEMENT.

Filed in the Clerk's Office at \_\_\_\_\_, Alabama, on \_\_\_\_\_ date

**PROBATE COURT MAIL FORM ATTACHED TO PROBATE JUDGE DECLARATION SHEET TO: State Comptroller's Office, Fiscal Management, 100 N Union St, Suite 216, Montgomery, AI 36130.**