



**Maryland Legal Services Program  
Court Appointed Attorney Program**

**Proceedings Involving Children  
COMAR 07.01.13.06**

**2023 Payment Invoice Form**

**I HEREBY CERTIFY:**

1. **Attorney Appointed by Circuit Court** \_\_\_\_\_

**Child/Oldest Sibling Represented**

**Court Hearing Date** \_\_\_\_\_

**Circuit Court Jurisdiction** \_\_\_\_\_

2. **Pursuant to the *Annotated Code of Maryland*:**

**Courts and Judicial Proceedings Article §3-813**

- Shelter/Adjudication/Disposition Hearing
- CINA Review Hearing
- Court Ordered Mediation
- Voluntary Placement

**Maryland Annotated Code, Family Law Article §5-307**

- TPR Hearing
- Appellate Hearing
- Review Hearing

3. **Named Party to the Case:**

County/City Department of Social Services \_\_\_\_\_

4. **Number of Children Represented in this Proceeding:** \_\_\_\_\_

5. **Complete for Each Child Client: (Please attach additional paper if necessary)**

**Name of 1<sup>st</sup> Child:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Gender:  Male  Female

Race:  White/Caucasian  Black/African American  Hispanic/Latino  Asian  
 Native American  Other: \_\_\_\_\_

**Name if 2<sup>nd</sup> Child:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Gender:  Male  Female

Race:  White/Caucasian  Black/African American  Hispanic/Latino  Asian  
 Native American  Other: \_\_\_\_\_

**6. Hearing Outcome:** \_\_\_\_\_

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

**7. Total Hours Spent On Case:**

**NOTE:** The MLSP billable rate for CINA CAAP Attorneys is **\$75.00 per hour**. Please attach an itemized bill of your time with detailed explanation to this form.

Non-Hearing Hours: \_\_\_\_\_ Hearing Hours: \_\_\_\_\_

**8. Payment Requested from State of Maryland Department of Human Resources:**

Subtotal: Attorney Fees: \$ \_\_\_\_\_

Subtotal: Mileage: \$ \_\_\_\_\_

**TOTAL Amount Requested:** \$ \_\_\_\_\_

**Attorney Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**SS# /Fed. ID #:** \_\_\_\_\_

**Payee If Other than Signatory:** \_\_\_\_\_

**Address / City / State / Zip:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** (\_\_\_\_) \_\_\_\_\_

**Email Address:** \_\_\_\_\_