



Maryland Legal Services Program (MLSP)
Court Appointed Attorney Program (CAAP)
Adult Guardianship Proceedings
COMAR 07.01.13.07
2026 Payment Invoice Form

I HEREBY CERTIFY:

1. **Attorney Appointed by Circuit Court** _____
- Client Represented/Full Name:** _____
- Court Hearing Date** _____
- Circuit Court Jurisdiction** _____

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

- Estates and Trusts Article §13-705 or §13-709
- Family Law Article, §14-202 (a)(5) or §14-404
- Full Review
- File Review

3. **Named Party To The Case:**

County/City Department of Social Services _____

County/City Area Agency on Aging _____

4. **Initiating Party:** _____

5. **Client was determined “Indigent” by means of:**

