



Maryland Legal Services Program (MLSP)
Court Appointed Attorney Program (CAAP)
Child In Need of Assistance (CINA) Proceedings
COMAR 07.01.13.06
2026 Payment Invoice Form

I HEREBY CERTIFY:

1. **Attorney Appointed by Circuit Court** _____
Child/Oldest Sibling Represented _____
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 1st Child: _____

Date of Birth: _____ / _____ / _____

Gender: Male Female

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

Name if 2nd 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: _____