

GUARDIAN AD LITEM (GAL) VOUCHER

☐ _____ v. _____

☐ IN RE: _____

JUDICIAL OFFICER: _____

DISTRICT COURT: _____

DOCKET NUMBER: _____

(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 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) <input type="checkbox"/> Judge <input type="checkbox"/> Clerk _____ Name (print) Date: _____ JUDICIAL OFFICER NOTES:		AOC Approved for Payment <table border="1"> <thead> <tr> <th>Fund</th> <th>Agency</th> <th>Unit</th> <th>Approp.</th> <th>Object</th> <th>(Date)</th> </tr> </thead> <tbody> <tr> <td>010</td> <td>40A</td> <td>___</td> <td>012</td> <td>4040</td> <td></td> </tr> <tr> <td colspan="6">TRANS AGENCY DOCUMENT I.D.</td> </tr> <tr> <td>#TYPE</td> <td>CODE</td> <td colspan="4"></td> </tr> <tr> <td>GAX</td> <td>40A</td> <td colspan="4"></td> </tr> </tbody> </table>	Fund	Agency	Unit	Approp.	Object	(Date)	010	40A	___	012	4040		TRANS AGENCY DOCUMENT I.D.						#TYPE	CODE					GAX	40A				
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MILEAGE:

Please enter date of travel before entering miles traveled

Date	Origin Address	Destination Address	Total Miles	Applicable Rate	Trip Cost	Purpose of Travel
MM/DD/YYYY				<ul style="list-style-type: none">• \$0.54/mile <i>after</i> November 1, 2024• \$0.50/mile <i>between</i> Jan. 1 - Oct. 31, 2024.		

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.